

The Psychoanalytic Study of the Child

VOLUME VIII

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CONTENTS

Problems of Early Development

- ANNA FREUD—Some Remarks on Infant Observation 9
- ROSE W. COLEMAN, ERNST KRIS and SALLY PROVENCE—The Study of Variations of Early Parental Attitudes 20
- MARGARET E. FRIES and PAUL J. WOOLK—Some Hypotheses on the Role of the Congenital Activity Type in Personality Development 48

Psychosexual Development

- BERTA BORNSTEIN—Masturbation in the Latency Period 65
- PITALLIS GREENACRE—Certain Relationships Between Fetishism and the Faulty Development of the Body Image 79
- SYLVAN KEISER—A Manifest Oedipus Complex in an Adolescent Girl 99

Development of the Ego and Some of Its Functions

- CHRISTINE OLDEN—On Adult Empathy with Children 111
- VICTOR H. ROSEN—On Mathematical Illumination and the Mathematical Thought Process: A Contribution to the Genetic Development and Metapsychology of Abstract Thinking 127
- SAMUEL RITVO and SALLY PROVENCE—Form Perception and Imitation in Some Autistic Children: Diagnostic Findings and Their Contextual Interpretation 155
- MARTHA WOLFENSTEIN—Children's Understanding of Jokes 162

Ego Pathology

- HEINZ HARTMANN—Contribution to the Metapsychology of Schizophrenia 177

K. R. EISSLER—Notes Upon the Emotionality of a Schizophrenic Patient and Its Relation to Problems of Technique	199
MARGARET S. MAHLER and PAULA ELKISCH—Some Observations on Disturbances of the Ego in a Case of Infantile Psychosis	252
ANNA MAENCHEN—Notes on Early Ego Disturbances	262
ANNEMARIE P. WEIL—Certain Severe Disturbances of Ego Development in Childhood	271
GREGORY ROCHLIN—Loss and Restitution	288

Clinical Problems

BERTA BORNSTEIN—Fragment of an Analysis of an Obsessional Child: The First Six Months of Analysis	313
AUGUSTA ALPERT and SYLVIA KROWN—Treatment of a Child with Severe Ego Restriction in a Therapeutic Nursery	333
SARA KUT—The Changing Pattern of Transference in the Analysis of an Eleven Year Old Girl	355

Applied Psychoanalysis

EMMA N. PLANK—Memories of Early Childhood in Autobiographies	381
GÉZA RÓHEIM—Fairy Tale and Dream	394
THOMAS A. PETTY—The Tragedy of Humpty Dumpty	404
Contents of Previous Volumes	413

PROBLEMS OF EARLY DEVELOPMENT

SOME REMARKS ON INFANT OBSERVATION

ANNA FREUD, LL.D (London)

The following remarks were addressed to a group of first year medical students in Cleveland, Ohio the first group to receive their training under the new medical curriculum instituted in Western Reserve University in the autumn of 1952. Instead of beginning their medical education in the dissecting room, these students are introduced each to a pregnant mother on the occasion of her visits to the prenatal clinic. They see the mother several times during her pregnancy, they attend at the birth of the baby, and they remain in contact with mother and child subsequently during the whole course of their medical studies. Thus they are provided with the opportunity to observe the physical and mental growth of a healthy infant from birth onward, as well as the development of the relationship between mother and child.

In addressing the students the author has attempted to restrict her remarks to the most basic facts, assuming that her audience consisted of people unschooled in matters of psychology and in the principles as well as the terminology of psychoanalysis.

The medical student who is introduced to a newborn baby for the purposes of observation and study of mental development may find this experience enthralling and fascinating, on the other hand, he may be disappointed by it. It is a thwarting experience to watch an infant in the first days and weeks of life, if one does not know for what to look. Students may well need some guidance as to the direction which their observations should take, as well as help in grouping the data which they can elicit. They have to understand that, by nature, their field of observation is limited at first. Similar to the human corpse on which medical students used to begin their training, the newborn presents to their watching eye a body only and no mind, the all important difference lying merely in the fact that this body teems with the phenomena of life. It is the watching and understanding of these phenomena singly and in their relation to each other, which leads to the first glimpses of a child's mental activity.

The student's task is made easier by the fact that the first life phenomena are simple ones. The infant sleeps, wakes, cries, soon smiles, moves, feeds, empties his bladder and his bowels—a range of processes which are readily discernible. Watching them, the observer will soon learn to distinguish two main contrasting states by which these activities seem governed. One is a state of quietness and peace when nothing seems to happen in the infant, when he appears to be no more than a quiet body, not sending out any signals toward the environment and not presenting any special points of interest in his appearance. The second state is one in which the same infant shows bodily restlessness and crying, with definite evidence of discomfort, unhappiness or pain. We have to understand that, when behaving in this manner, the infant is under the impact of a need, which may be a need for food, for sleep, for being comforted, for having wet diapers changed to dry ones, for having the room temperature raised or overstimulation of the ears and eyes by loud noises or bright light removed. It is all the easier to recognize the nature of this state, since the distress signals by which this is announced resemble the response of older children or adult people who desire something with great urgency.

Again, the interrelation of the two states is not hard to follow. The infant himself is unable to cope with his own needs. It needs an outside agency, the mother, a nurse, perhaps the observing student himself, to fulfill the need, i.e., to feed, to comfort, to change clothing, to remove irritants, etc. This done, the rising painful tension in the infant's body will give way immediately to a feeling of relief. The crying will change to a smile, restlessness to quietness, wakefulness to sleep, the observer will have no doubt that this particular infant has been made comfortable, in fact that his condition has been changed from a state of need to a state of satisfaction. Repeated observation of such occurrences will soon make it impossible for the students to confuse the two main states, or moods, of an infant with each other, they will have learned to distinguish instantly between a satisfied and dissatisfied infant, i.e., between the child's experience of pleasure or pain, of increasing or decreasing tension, of the presence or absence of irritating stimulation. By accomplishing this basic distinction the observers will have taken their first step in establishing themselves as students of infant behavior.

This first step should be followed immediately by a second one. The successful observer has to develop an eye not only for the presence or absence of needs, i.e., for the presence or absence of body tension, but also for the difference in the manifestation of the various kinds of need, a differentiation which is more difficult to make. The infant responds to

the inner tension aroused by a need, irrespective of its special character, by crying. Crying as a signal covers his experience of hunger, of bodily pain, of mere discomfort, of loneliness. Although the intensity of the need may be revealed by the intensity of the crying signal, the quality of the desired satisfaction, whether food, comfort, company is needed is not obvious in the same manner.

On the other hand, where objective, scientifically trained observers may go wrong, untrained but devoted mothers, on the basis of their intimate emotional attachment to their babies develop a quick ear for the announcement of the various wishes represented as they may be apparently by the same sounds of whimpering. To them the crying of the tired child, or the child in pain, sounds vastly different from the crying of the hungry child. The same skill is developed by experienced nannies or, under the conditions of modern training by the young observant baby nurse. What is to the outsider no more than the announcement of indiscriminate discomfort somewhere in the child's body reveals to them a variety of conditions demanding a variety of actions: the crying of the frightened infant who has to be held and comforted before he can drop off to sleep; of the infant in pain whose stomach or intestines need soothing, of the infant working himself up into a climax of despair whose paroxysm has to be interrupted, or of an infant merely passing through a phase of acute discomfort while tiredness passes over into peaceful sleep if no outside action intervenes. The medical student to whom this understanding of the child's expressions by knowledgeable women may seem a miraculous achievement need not look far for comparison with similar achievements of his own. As the proud owner of a precious motor car, for instance, he would never confuse an ominous knock in the engine with some superficial rattling noise in the chassis. What is to the casual passenger in his car a mere noise transforms itself for the mechanically minded owner into an intelligible language of distress signals. It is this first language of the infant which the mother interprets correctly and to which she answers. To understand it in a similar manner, the observing medical student may have to develop in himself, even if not the same subjective emotional attitude to a given infant, at least a comparable interest for, and familiarity with, the phenomena of infancy.

To dwell at such length on the necessity for this particular distinction between the infant's needs is justified by a specific development which has taken place in modern infant care. In the less psychologically minded, preanalytic era infants used to be subjected to a strict schedule of three-hourly or four hourly feeds, based exclusively on their organic

needs. Strict observance of such rules has given way recently to greater leniency in timing feeds, with more regard to the child's subjective wishes. In some countries, especially in the United States, this has led to the revolutionary conception of so-called "feeding on demand," which consists of disregarding feeding schedules altogether, and of relying almost exclusively on the infant's own expression of the need for food. It goes without saying that the success of this method depends entirely on the correct reading of the child's crying signals. It is true that an infant under tension may be pacified by food, even if this tension has not been caused by hunger. But it seems a poor and shortsighted policy to accustom the young individual to the use of feeding for the assuaging of needs which arise from other sources. Feeding on demand should be taken in its strictest sense as feeding when the specific demand for food (and nothing but food) is present in the child.

The student who has succeeded in reaching this level of close and detailed understanding will, on the strength of it, be privileged to watch the procedures by which the small body of the infant creates for itself the beginning of a mind. To witness this birth of the mind out of the body will be valued by most students as an impressive experience and one calculated to impart to them for their whole future medical career a wholesome respect for the strength of the human mind, for the significance and the complexity of its functioning, and for the close interrelation of the mind with the needs and functions of the human body.

What goes on on the mental side of the newborn and the young infant is an open question by which authors have been agitated increasingly in recent years. Some psychoanalysts credit the newborn already with complex mental processes with a variety of affects which accompany the action of the various drives and, moreover, with complex reactions to these drives and affects, such as for instance guilt feelings. Others, the author among them, maintain that the inner world of the infant in the first days and weeks of life consists essentially of the two contrasting feelings of the pleasure-pain series, the sequence being that pain arises under the impact of body need (or irritation from outside), pleasure when the need is satisfied (or the irritants removed). It is on the strength of these sensations and their contrasting nature that the infant organizes what he will later feel to be his self.

We imagine that this organization develops in the infant's mind in the following manner. Repeated experience of pleasure teaches the infant what it is that brings pleasure. For instance, after the hungry child has been fed several times the impact of these experiences will create something in him which did not exist before, namely, the image of the

satisfying food From then onward whenever hunger arises, the image of the desired food will be evoked simultaneously The hungry child will see inwardly a mental picture of the milk or of the mother who brings the milk, or of the mother's breast, or of the bottle from which the milk is sucked. Hunger and these images of satisfying objects and procedures will remain inseparably bound up with each other Imagery of this nature (what is called *fantasy* by many authors) is regarded as the first step in mental functioning

On the other hand the hungry infant behaves in a peculiar manner toward its inner imagery Since he has experienced many times that the actual appearance of the mother, or of her breast has been followed by stomach satisfaction he expects his own mental image of her to produce a similar result Naturally, this does not occur The hallucination of the breast, or mother, leads to no relief The need will not be satisfied until the distress signal is given and the real object has appeared With frequent repetition of such experiences the infant learns to distinguish between an inner image and the perception of a person in the outside world Although the two look the same in the child's mind they feel completely different This new ability to distinguish between the perception of reality on the one hand and inner mental images on the other hand is one of the most significant advances in the infant's mental development The older child and the normal adult have no difficulty in judging whether what they see is evoked by perception or created inwardly by the insistence of a need They test reality and recognize fantasy products as unreal a faculty without which we cannot live as normal beings On the other hand this faculty can be lost under the condition of severe mental illness It will be helpful for the future medical student to remember that the hallucinations of their eventual psychotic patients are basically the same in structure as the hallucinated milk or mother images of the infants from which the latter expect satisfactions which only the real environment is able to provide for them

In the meantime the infant's responses to his pleasure pain experiences have undergone one further change he can now remember what has gone before The observer will notice that the infant acts now in a state of need according to past experience For instance, the child has experienced that the appearance of the bottle is followed by satisfaction he will therefore turn toward the satisfying object He knows what causes pain and will turn from it He has experienced that crying brings the mother it seems to have the power to change the inner image of her into her real presence This gives his crying a new aspect of purposefulness. The skilled observer will notice that the infant's cry changes accordingly

from a mere distress signal to a powerful instrument or weapon which he can use to influence and dominate the happenings in his environment

It is worth while for the observing student to watch the child's reactions to the appearance and disappearance of the mother. The infant's relationship to his environment should not be interpreted in the light of adult standards. While the observer sees the infant as a separate entity, he has to realize that the infant himself has as yet no correct conception of where he himself ends and the environment begins. When constructing inwardly a first picture of his own self, the infant follows the only principle which is important in his life—the principle of pleasure. Therefore he takes as being part of himself whatever feels nice, satisfying, pleasurable, and rejects as not belonging to himself whatever is painful and disagreeable. According to this infantile form of discrimination, the mother, being 'nice,' is regarded by the infant as an important part of himself. The observer, watching the infant on the mother's lap, will notice that he makes no distinction between his own body and hers, he plays with the mother's breast, or her hair, or nose, or eyes, as he plays with his own fingers, or feet, or explores his own cavities. He is as surprised and indignant when the mother walks away from him as if he were suddenly left by part of his own body. Only through the painful experience of losing his mother periodically does the child learn very gradually in the course of the first year that the big pleasure self he has constructed in his mind is not all his own. Parts of it walk away from him and become environment, while other parts remain with him for ever. The observer can watch the infant for increasing signs that he is learning to recognize the true extent and limits of his own body. Actually, the first inside picture which the human individual has of himself is an image of his body. While adults think in terms of a "self," infants think, or rather feel, in terms of a body.

Observers had better be prepared for the fact that advances such as the differentiation between himself and the environment do not come easily to the child. They imply giving up cherished beliefs and attitudes. Remnants of these will remain, sometimes under the disguise of play, and they will come to the surface in later periods, even long after the basic conception of his body-self has taken root in the child's mind. For instance, in their second year, children may still occasionally behave with their mothers as if their two bodies were one. A child who likes to suck his thumb will suddenly take the mother's thumb and put it into his mouth, or will suddenly lift his own finger and put it into the mother's mouth. Or, in the midst of putting food into his own mouth, he will take a spoonful, feed it to his mother and then take turns with her in

eating Mothers welcome such gestures as early signs of generosity which, in fact, they are not. Such behavior will disappear with the last remnants of confusion between the mother's body and the child's own. It may reappear once more in adult life when, in sex play between lovers, a similar merging of two bodies into one may be attempted, and achieved for passing moments. For the student's purpose of observation and understanding, it is helpful to see such infantile modes of behavior persist into the second year, or even later, then the child's improved means of communication leave no doubt as to their meaning and intention.

But even while the borders of the child's self are still shifting and uncertain, the observer cannot fail to be struck by the increasing order which is established within the self. The diffuse sensations of the newborn are collected gradually to form organized experience. Pleasure, pain, hunger, satisfaction, comfort, discomfort cease to follow each other at random elicited each by some pressure of a momentary need and passing into oblivion with fulfillment. The young infant bears out the proverbial saying that tears and laughter live very near together in a child the younger the nearer. A young infant may laugh or smile, or chuckle in the middle of his crying or cry abruptly on slight provocation after having been all smiles. Pleasurable anticipation and rage, anger and affection may occur almost simultaneously giving the observer the impression that they meet each other hardly. Whatever happens calls forth a response, what seems to be missing is a pulling together of experience.

It is precisely this inner integration of perceptions, sensations and responses which occurs with increasing strength and precision as the infant grows older and which transforms in the second half of the first year, what has been more or less diffuse mental matter into a provisionally organized incipient personality. A central point of awareness comes into existence where experience is stored up for use, where conflicting feelings meet and are toned down and where not only the difference between pleasant and unpleasant is recorded but also the difference between qualities such as self and others, strange and familiar, real and imaginary, even some beginning differentiation between past, present and the near future. The infant can be expected now to recognize the observer, provided he does not appear too infrequently, and to take an intelligent interest in and to communicate with his surroundings even when not forced to do so for the sake of the fulfillment of a need.

This is as far, approximately, as the student's observations on the infant's functioning will carry them in their first year.

If we have created the impression so far that the student needs to pay little attention to the infant's mother in his observations, we have done merely what the infant does himself, namely, we have taken her for granted. Her existence is so essential for the infant that it is difficult for the observer, as well as for the infant himself, to imagine life without her. Unlike most young animals who learn to provide for themselves very soon after birth, the human infant is a completely dependent being. Many months elapse before he can so much as grasp some solid food and place it in his mouth. He has to be fed liquids straight into his mouth for the first year almost. Somebody has to be at hand to turn him in his cot from one side to the other in the first weeks and months, and to sit him up and lie him down in bed later on. He would be helpless in his urine and excrement if cleanliness and change of linen were not provided for him. With motherly care, or nursing care, or medical care withdrawn, the infant dies, since no outside necessity can teach him to provide for his needs at this time of life. Thus, the mother as the provider and the infant as her dependent are regarded as an inseparable pair, inseparable in the true sense of the word. Except when asleep, the infant will tolerate rarely to be left alone. On the other hand, for the outside observer this continued presence and care of the mother obscures to a large degree the true picture and extent of the infant's needs. It is her task to remove tensions as fast as they occur, and to supply satisfactions before the wish for them rises to a climax of despair. The well cared for baby therefore appears to the outside to 'need little'. But, with the mother absent who performs this service, the observer could not fail to notice that the same infant does need a multitude of things done to it, and needs them practically from the morning till night, giving the environment peace only when he is at peace himself, i.e., asleep.

The mother's contentment with her young baby may, further, blind the observer as to the fact that this baby is really a very ungrateful child. He cares for his provider only when a need is present. When he is fully satisfied, neither hungry, nor cold, nor in pain, nor troubled otherwise, he turns his back on the environment—figuratively speaking—and falls asleep. As soon as a need wakes him, he becomes all attention for the mother, as if asking 'Where is my provider? Are you there to give me what I want?'—with distress following if the mother should be absent at this juncture.

Careful observation during the course of the infant's first year will reveal to the student the gradual transformation of this mother-child relationship from the stage where it is merely greedy, egoistic, purely self-centered on the child's side to a more adult and outgoing attachment

of one human being to another. There are few transformations which are as pleasing to watch as this one. Gradually the image of the mother ceases to be aroused in the child's mind by the pressure of a need only and ceases to fade away again after satisfaction has been obtained. It remains as an image now at all times made significant and precious for the child by the recollection of all the satisfying experiences in which it has played a part. The child builds on these recollections what we call his first true love relationship. This new mother relationship remains from then onward becomes anchored firmly in his mind and should remain more or less stable in spite of the fluctuating states of need and satisfaction in his body. So long as the mother is constant in her role as provider for the child without undue interruptions through physical absence or undue emotional preoccupation with other persons or matters of interest in her life there is every chance that the child's attachment to her will remain constant now and that there will be a secure basis for the growth and development of further similar attachments to the father to siblings and finally to people outside the family. On the other hand in cases where the mother has carried out her job as provider indifferently or has allowed too many other people to substitute for herself the transformation from greedy stomach love to a truly constant love attachment will be slow to come. The infant may remain too insecure and too worried about the fulfillment of his needs to have sufficient feeling to spare for the person or persons who provided for them.

The medical student and future physician or psychiatrist will profit from fixing in his mind the pictures of these two steps in the infant's love life. We may call them the self-centered inconstant and the outgoing constant relationships. Although the normal healthy adult outgrows the former stage he may revert to the remnants of it on certain occasions in later life. Severe incapacitating physical illness is such an occasion. The adult who is rendered 'helpless as a baby' by some physical disease begins to concentrate his interest on the needs of his ailing body as babies do. His attitude to his nurses doctors or the nursing members of his family may become very similar then to the infant's first dependence on the mother i.e. an insistent clamoring for being looked after alternating with periods of indifference whenever comparative comfort of the body has set in. Further there are individuals who remain 'infantile' in their human relationships throughout life. Without ever achieving constancy in love they change their partners frequently according to the exigencies of the moment. Though dependent on the satisfactions given by each partner they are concentrated on their own wishes with little interest to spare for the partner. Like the young infant, they are therefore

emotionally callous, with no love to offer in return. While this primitive form of infantile dependency leads to dissocial development, the second stage of constant love attachment to the mother provides an excellent foundation for social adaptation.

When watching the development of the child's attachment to the mother, we meet a further interesting phenomenon which serves to amend a former statement. While discussing body needs, we reached the conclusion that there is nothing which the infant can do to relieve them on his own. We realize now that there are exceptions to this rule. While it is true that the infant has to rely on the mother for food, regulation of temperature, body position and cleanliness, there is a good deal that he can do to provide mere pleasure for himself by substituting a part of his own body for the absent mother. When there is no breast or bottle offered for sucking he can suck his thumb, this will not appease his hunger, but it will give rise to pleasurable sensations in the mucous membrane of the mouth. When there is no mother present to fondle the child's body, his own rubbing or scratching activities on the skin, the ears, or any other part of the body surface will stimulate the eroticism of the skin and produce pleasure. Rubbing or pulling of the sex parts will give rise to masturbatory pleasure. When the mother does not rock the child, rocking rhythmical movements can be carried out without her. Any observer who watches unprejudiced and for any length of time will discover for himself that in any infant's life a considerable part is played by this urge to produce various kinds of erotic pleasures by his own efforts and solely by means of his own body (even if assisted sometimes by accessories such as dummies, corners of a blanket, pillow, etc.).

As objective outsiders we would expect that mothers, nurses and doctors welcome this small amount of independence on the part of the otherwise dependent infant. Curiously enough this has never been the case. Thumb sucking is looked at askance by the medical profession and is being blamed for deforming the child's jaw or for spoiling the position of his teeth. Masturbatory activities carried out on the skin and genitals used to be considered in preanalytic times as ominous signs of sexual precocity. Rhythmical rocking is looked at with suspicion as a possible forerunner of autistic tendencies. We know today that much of this censorious attitude is due to the fact that these activities are the first, true representatives of infantile sexuality, besides that they represent a form of sexual pleasure which can be called perverse, in the adult sense of the word. But that is not the whole story. Observers who are in good contact with the mothers of their infants will notice that, even where the horror of infantile sexuality has been overcome, as it has been today

in many quarters, some misgivings remain concerning the infant's drive for autoerotic gratification. It seems that, unconsciously, the mother values her position as sole provider of pleasure for her child. A child who produces pleasure for himself is an independent child, proportionate to the degree in which he does it. The mother feels vaguely that this renders him less open to her influence and guidance. Even where reassured by their medical or psychological advisers, mothers tend therefore to wage war on thumb sucking, rocking, masturbation, etc. It is a war in which they are defeated invariably since, short of literally tying down an infant hand and foot, nothing will prevent him from pursuing these perfectly legitimate, drive-determined, infantile pleasures.

During the course of their observations, students will profit from comparing notes occasionally as to the pace of development in their respective infants. Not all children pass through the same decisive stages at the same time. There are certain milestones which should be reached, and passed, during the first year of life, when precisely this happens will depend in each individual case on the interaction between constitutional and environmental factors. All infants pass through a phase when their life is dominated by the alternation between pain and pleasure. They should, during the first year, all learn to perceive and recognize reality, develop memory, and build up an inner image of the bodyself on which their future personality is founded. Based on the experience of material satisfaction, their feelings should reach out toward the mother and attach themselves to her. If they accomplish these basic steps, they are considered as satisfactory infants. Co-ordinated movement and speech are still to come.

THE STUDY OF VARIATIONS OF EARLY PARENTAL ATTITUDES

A Preliminary Report¹

By ROSE W COLEMAN, M D , ERNST KRIS, Ph D , and
SALLY PROVENCE, M D

I CULTURAL AND INDIVIDUAL VARIATIONS THE APPROACH OF APPLIED PSYCHOANALYSIS

During the last three decades, largely under the influence of psychoanalysis the study of variations of parental attitudes has gained in scope. The most extensive contributions have come from social scientists who study variations of parental attitudes in their cultural distribution. Most of these investigations deal with preliterate societies and only a few more recent ones with literate Asiatic cultures or subcultures of the western world.² In none of these studies could data from psychoanalytic observations be used and few offer individual case histories of any kind. It is assumed in these investigations that the study of parental attitudes will lead to a better understanding of the development of the individual as a member of a specific group or culture. The studies in question deal essentially only with the methods of child care and education prescribed by social code. Hence parental attitudes are not viewed as reflecting an individual parent's sentiment concerning the child but as part of institutionalized behavior.³

For some time a similar focus of attention had been shared by the various skill-groups and professions concerned with the study and the provision of optimal conditions for the growing child, by educators, pediatricians, psychologists and psychiatrists interested in children or in preventive medicine and mental health. It has been repeatedly shown that the changing views and fashions in child care and education reflect

¹ From the Child Study Center, Yale University School of Medicine.

² For a bibliography of these studies see for instance M. Mead's chapter in Carl Michael, *Manual of Child Psychology*.

³ For this term see Hartmann, Kris and Loewenstein (1951).

A large number of influences some derived from the changes in social climate others related to current interest or recent advances in various areas of investigation.⁴ Among the latter the influence of psychoanalysis finds its place. Some early clinical impressions of psychoanalysis were generalized and in the course of this process some were misinterpreted. Thus the tendency to humanize child care and to avoid traumatization of the child reflects the influence of psychoanalysis in a fruitful sense while the frequent exaggeration of this principle reflects a misinterpretation. We refer to the tendency to maximize indulgence to minimize deprivation at all costs and thus to withdraw support from the child in his battle against his own instinctual forces.⁵

The crucial misunderstandings can readily be traced to the difficulties in communication between psychoanalysts and those who apply their findings. The time lag which arises in the course of translation adds to the difficulty since the progress in psychoanalytic insight is only gradually channelized into the various fields of application. During the last decade this time lag has tended to be reduced. The co-operation between psychoanalysts and students of child development and child care has become closer and as a consequence a decisive shift has occurred. Interest is no longer exclusively or predominantly focused on evaluating procedures in child care. The relationship between a specific parent and his child finds consideration.

In any case history in social work or dynamic psychiatry in the broadest sense and in many pediatric case histories a characterization of the parent-child relationship has come to find a place. For special research studies a number of typologies or ratings were developed by groups of psychological investigators⁶ but none of them seem to have been acceptable to other groups and none have entered clinical practice. However a number of standard designations have become accepted which close to everyday language differ from it by one connotation. In speaking of a warm seductive cold or rejecting mother one refers not only to the gestures but also to their meaning not only to the surface of behavior but also to unconscious motivations which color this behavior and determine its nuances. The broader professional public has apparently been introduced to this approach by Levy (1943) who chose the term *overprotective mother* to characterize mothers who rely predominantly on overcompensation as defense against their hostility.

⁴ See also Wolfenstein (1953).

⁵ For more detailed discussion see S. Bornstein (1937) Kris (1914) Hoffer (1945).

⁶ For an example of the most consistent attempt in this direction see Nowlis (1953) who reports on work stimulated by R. Sears.

Psychoanalysts, even when using designations of this kind, tend to remain aware of the fact that any descriptive typology oversimplifies the highly intricate picture that psychoanalytic observation itself offers. Some simplifications are unavoidable, without them no general principles could be established and no applications of psychoanalysis would become possible. Moreover, the usefulness of the current designations of parental—or in this instance more specifically maternal—attitudes cannot be doubted. They have a firm place in dynamic psychiatry and serve as a means of communication between the various skilled groups which constitute the psychiatric team.

However, the more widely simplifications are used and the more firmly a vernacular is entrenched, the more essential does it become to restate from time to time the more complex aspects of a problem. The present paper attempts a restatement of this kind: we shall point to some aspects of parent-child relationship which the psychoanalyst is accustomed to include in his thinking and which tend to be neglected by those who apply psychoanalysis. From such a restatement one might expect a modification of traditional connotations attached to the vernacular and an enlargement of the vista with which the study of parent-child relationship may be approached.

We feel that current studies of variations of parental attitudes, whether they deal with 'intercultural' or interindividual variations, tend to view parental attitudes as 'fixed' or 'static.' While it is often stressed that one parent may have different attitudes to various children, variations in his attitude to one and the same child are often overlooked. In contrast to this we will emphasize here the variability of this attitude and the importance which adaptation plays in this connection.

II UNCONSCIOUS FANTASIES AND THE PROBLEM OF ADAPTATION

The psychoanalytic understanding of parental attitudes has a natural center in the unconscious meaning which having children or a specific child has for the parent. We will refer in this paper to the varieties of these unconscious meanings as 'unconscious fantasies.'

Needless to say, no analytic observer believes that unconscious fantasies alone determine parental attitudes. There are factors of reality which dominate the picture: there is the wanted and the unwanted child, the child born as seal to a happy or satisfactory union or born to cement a dissolving one; the child born into a firmly rooted family where the sacrifices of child care are readily accepted or that born to parents who in the midst of the struggle for independence or existence resent the

burden imposed upon them. The influence of these or similar conditions on parental attitudes is viewed in analysis not only in the light of the individual's current conscious and unconscious conflicts. These reality factors also prove as a rule to be connected with specific unconscious fantasies concerning parenthood and children which are of different importance in the lives of mothers and fathers. To the woman the birth of the child is part of the biological cycle of her sexual function. Labor and delivery are vaguely anticipated in many kinds of sexual experiences, more regularly and concretely in the sensations attending menstruation. Throughout pregnancy an apparently new and yet unconsciously prepared network of fantasies tends to develop—or more correctly, older fantasies tend to be refocused or reactivated. These fantasies, however different from individual to individual, are impressively grouped around well known common themes (Klein, et al., 1950).

The biologic process [of pregnancy] has created a unity of mother and child in which the bodily substance of one flows into the other and thus a larger unit is formed out of two. The same thing takes place on a psychological level. By perceiving the fruit of her body as part of herself the pregnant woman is able to transform the parasite in her into the beloved being.

Helene Deutsch (1945) whose thought we have followed and from whose writing we quote, feels that this love will re-establish the oneness between mother and child when the child is born. In the transition from separation to reunion she finds the roots of the universal striving of the human for contact with others and for union with them.

No comparable biological link connects the father and his child. His wife's pregnancy may revive oedipal fantasies of bearing a child to his own father, but the revived fantasy is different in nature. It is elicited by the mechanism of the revival of his own past and is not rooted in biological functions.

This mechanism of revival of the past is operative in the mother as well and for both parents constitutes a central point in the experience of parenthood. The relation to one's own parents is repeatedly reenacted by repetition or by avoidance. In parenthood the psychological life cycles of two generations overlap and a third one is regularly involved.⁷

Parents as analytic patients find access to repressed experiences of their own childhood by living with their own children, by observing them, and by reacting to them. Among the reactions the tendency to

⁷ See Freud (1932).

identify with the own parents is paramount. This identification may manifest itself in behavior ranging from compliance with the parental model to protest against it, and these tendencies may range from complete unawareness to full consciousness.

It is this experience of analytic observation which suggests a general approach to the function of unconscious fantasies concerning the expected and the growing child. They are not, as the literature sometimes seems to suggest, mere elements intruding into the 'real' parent-child relationship; they are its ferment. They are part of the equipment of man for parenthood and probably its essence as far as the psychological equipment is concerned.

Analytic case histories, it is true, tend to stress the opposite aspect. It is pointed out to the patient that his child is not his sibling and rival, to be envied or pitied—the most frequent initial reaction of fathers, he is not meant to fulfill what was missed, is not the patient reborn anew as male or female; he is an independent being. While this is the way—admittedly simplified—in which in analytic observation unconscious fantasies attached to the child tend to reveal themselves, psychoanalytic material viewed in a broader sense illustrates the progressive and adaptive nature of the unconscious fantasies to which H. Deutsch has drawn attention.

The classical instance of a progressive fantasy concerns the equation penis=child. Universal in the development of the female, its transformation corresponds to the sequence of maturation and development. The wish for the child merges with and follows that for the penis and this transition initiates or consolidates the forming of the woman's mind in the small girl. This process is strengthened later when the sister's or the neighbor's child may take the place assigned to the doll. But it is not the reality of the external experience which determines its importance. The dynamically essential step toward femininity can be made only during adolescence under the impact of its physical and physiological changes.

Similar progressive steps in fantasy production become observable during pregnancy itself. Material from analytic observation and some data from the study to which we will refer later suggest that in many instances a change in focus of the fears of pregnant women can be noted. The anxiety tends to shift from damage to the own body to damage to body or mind of the child. There are women in whom the child is from the beginning included in the dark apprehension which feeds on many reactivated fantasies: on the fear of retaliation for the ancient wish of a child from father; on the fear of mutilation arising in consequence of

guilt over masturbation and on a deeper layer of fears connected with the ambivalence to the mother. With many women the first movements of the child stimulate a new focus of apprehension—a more realistic one as we usually put it. And yet it appears sometimes that what has changed is frequently only the content of the fear. Instead of the safety and integrity of the self it is that of the child as part of the self that is endangered.

The process of adaptation gains a powerful impetus by the contact with the newborn when the infant responds to the mother's stimulation. This is the first in a continuous chain of experiences which extends over time. Before we turn to some more detailed comment on these earliest phases of mother-child or parent-child contact it seems necessary briefly to round out the position we take—a position implied in psychoanalytic writings but rarely made explicit. Parental attitudes to the child are continuously influenced by the child's growth and development. With the changing needs and demands of the child different reactions of the parents are stimulated since changing demands tend to mobilize different unconscious material in the parent (Kris 1944). In principle this is equally true of both parents. The interaction between the child's development and the unconscious material which it mobilizes in the parent suggests that fixed and static designation of parental attitudes to which we referred before are unsatisfactory or incomplete. Parental attitudes are subject to variations in accordance with the varying needs and demands of the child. The mother who genuinely delights or can tolerate all of the infant's demands may react with irritation when the child becomes independent—when early in his second year he can move away and at the same time may develop an intolerance against separation upon bedtime. And again the reverse occurs: the child that has become independent may gain admiration from a mother who did not gain satisfaction from her care of the infant.⁸ In the later course of development bowel training, the first manifestations of negativism or the first sign of phallic and oedipal strivings may elicit previously dormant reactions in the parent. The most frequent and probably best known intolerance concerns the parental reaction against the child who shows sibling rivalry. Therefore no study of parental attitudes seems to us complete which neglects the variations arising in the course of those changing characteristics of infant and child.⁹

⁸ Much of this has become general knowledge. Child placement agencies are accustomed to take into account that certain foster mothers do better with infants, others with toddlers or older children of a specific age group.

⁹ In the life history of an obsessional male patient who in his forties had the long expected child, similar reactions became apparent. During the first months and years

This problem has also a bearing on the approach in psychoanalytic therapy. In the course of most analytic treatments adult patients recall a variety of their experiences with their parents. We know that these changing versions reflect dynamic changes in the patient and may call upon related memory material. But changing images of parental figures may also be related to some extent to the actual variations that occurred in the attitudes of parents. In some instances analytic material definitely supports this assumption; in others the changing images of the parents which the patient offers seem only to be related to the development of the conflict pattern during the analytic process. However, it seems that in the expectation with which the analyst approaches the task of reconstruction insufficient emphasis has been placed upon the actual changes in parental attitudes that may have occurred.

From the study to which we refer later our impression is that such changes are more frequent during the first months or years of the child's life than has been generally assumed.

Before we try to illustrate the variations of parental attitudes which we have in mind it is once more essential to enlarge our vista. In speaking of the parents' reactions to the sequence of demands as they arise during the child's development we refer to 'the child' as an abstraction but the child which manifests the needs of which we speak is an individual and the parents' reactions will be influenced by this individuality. His individual traits determine in part which unconscious material in the parent is being stimulated and thus which conflicts may arise.

Individuality, as we use the term here in a general sense, reflects the part that fate plays in human affairs: whether boy or girl, a well child or a sick one, an attractive or less attractive baby. In a more specific sense we refer to a complex set of differences between children. This includes not only the infinite series of differences in behavior and reaction which strike trained observers as present in newborn infants but also traits due to the interaction between the child and his environment.¹⁰

of the little girl's life: the father, a tall fair man with blue eyes, was beset with fears that his baby would smother in her bed. He had to get up at night to check on the position of her pillows. At the same time he was unable to recall whether she had blue eyes like himself or brown ones like his younger sister. The fear for the child's welfare repeated the early aggressive impulses against his sibling. Fears and doubts vanished simultaneously when the little girl, some time during her third year of life, spontaneously developed a new relationship to her father: demanded his attention and presence, i.e., the daughter's love. Different responses were stimulated in the father and the shadow of the sister was banished.

¹⁰ Psychoanalytic literature and for that matter any other kind of scientific literature has yet contributed but little to the question of how to study the properties of inborn

were under treatment by different or by the same analyst have proved instructive, and the practice of therapy of the small child by therapy of the mother has become accepted procedure. These clinical procedures are potent as instruments of observation, but they only rarely throw adequate light on the earliest interaction between mother and child. Child analysts too have to rely on the method of reconstruction.

The relation of reconstruction of the past to observation of the present in the study of child development has been discussed repeatedly (Hartmann, 1950, Kris 1950). While reconstructive procedures serve as signposts, focus attention and pose problems, direct observation plays a limited but essential role. Such observation is included in the traditional approach of psychoanalysis, in the *Three Contributions to the Theory of Sexuality* Freud stated that he relied on both sources, on material from analysis and the direct observation of the child.¹²

The data derived from observation are clearly limited. They lack almost all the features upon which analysts tend to rely, what they offer will largely depend on the context in which they are made and on the nature of the selection of data.

At the Child Study Center of Yale University a project has been under way which uses an observational approach in the study of mother-child relationship and of certain aspects of child development. It is intended as a pilot investigation in the organization of longitudinal studies, and wishes to pose problems and develop hypotheses, which will require validation in studies dealing with larger numbers of subjects.

The study is service centered. The families under observation join the study as subsidiary to hospital services. The selection is limited to a small number of families which intend to stay in New Haven indefinitely, and referral for participation was left to the obstetrical service of the Grace New Haven Community Hospital. The study offers complete well and sick baby care and, later, nursery school participation. Participant parents are interviewed in the ante partum period by a social worker who remains attached to the family and continues the contact by home visits after the birth of the child. During delivery and lying in period intensive observation of mothers and children is undertaken. At frequent intervals in well baby clinics developmental tests are administered by the pediatrician in addition to regular pediatric examinations. Additional observations of mother and child are made through the one way vision screen by trained observers. Since both social worker and pediatrician are

¹² It tends to be overlooked that Freud was in charge of an outpatient service in child neurology when he prepared *The Interpretation of Dreams* and the *Three Contributions to the Theory of Sexuality*.

in constant touch with the home a fairly clear picture can be gained

We neither intend at this point to enter into a detailed description of the procedures used nor to evaluate these procedures in any way. We also do not propose to discuss the advantages which it seems to offer that the study is service centered and the pediatrician is conversant with psychoanalysis. We intend only to report briefly on some principles used in the collection and evaluation of data. Contact with the parents is kept spontaneous, i.e., a minimum of questions is asked. The topics of discussion are largely determined by their urgency to the parent. We start, therefore, with a limited set of data on the parent and watch the growth of these data over time. Hence presence or absence of data at any given time become significant in themselves. The contact with the parents is viewed as a dynamic and unfolding experience.

The pediatrician's role with the family is essentially that of the authority on child care, and no advice nor instruction is withheld which the doctor feels would enhance the health of the child and the parent-child relationship. That this advice is modified in accordance with the individual situation goes without saying. The pediatrician advises not in terms of what is theoretically optimal in child care but in terms of what seems best for this mother and her child. It should be added that the physician-family relationship remains child centered. Perhaps the only important variation of the pediatrician's role in this study from that of the pediatrician in private practice is in the enlargement of his responsibilities for observation of the child's environment and the efforts to distinguish as clearly as possible between subjective and objective data.

A further point concerns the evaluation of data. Meetings of the research staff try to view the data presented in terms of their use for prediction. What can be predicted at any given time, i.e., the range of predictable events is to us more significant than the correctness and incorrectness of any specific prediction.¹³ Past predictions become part of the material for retrospective evaluation. In rediscussing a case we turn to the past material in search for clues which would have suggested a different or a more specific prediction. Thus predictive and retrospective evaluation interact. In addition we try to remain aware of the fact that we study processes and to include in our data the changes in our own insight.

The four case histories from which we can present only very abbreviated abstracts have one factor in common: they describe dramatic events in early mother-child relationship events which may be viewed as crises. They are presented with frequent reference to the predictive viewpoint.

¹³ This technique had been adopted before we were familiar with Benjamin's views (1951). We find ourselves in full agreement with his methodological discussion.

We were throughout concerned with the question at which point we could have anticipated the turn in the relationship. We concentrate in this report on *earliest* changes in parental attitudes. Wherever possible, we have stressed the importance of the interaction of the attitudes of the parents with the development of the child.¹⁴

Case Reports

The first two cases concern mothers whose initially close relationship to the child was negatively influenced by his growth and development.

Mrs. A., an attractive, energetic twenty-three year-old girl, one of twelve children, joined the study during the fourth month of her first pregnancy. She continued her work as a semi-skilled factory worker until the sixth month. Although she and her husband of two years had not planned to have their baby until later because they were living in the home of Mr. A.'s parents, she seemed accepting of this alteration of their original plan, felt "wonderful" during her pregnancy and eagerly anticipated the arrival of the baby.

Billy was born after a labor of six and a half hours which Mrs. A. experienced as being much less painful than she had anticipated from the stories she had heard from her older sisters and friends. From the very beginning in her handling of the baby—a boy—she was not only surprisingly technically skillful and competent but she seemed particularly responsive to clues from him related to his needs and had great success in making him comfortable and happy. For example, by the time he was four days of age she was noting that he had particular objections to being wet, was able to change his diaper competently and was exceedingly pleased that she was able to comfort him. In the first visit of the pediatrician to the home when Billy was three weeks of age a note was made that Mrs. A.'s way of comforting him, once she picked him up and once when she patted him in his bassinet seemed to be "all he needed and not more."

During the first nine to ten months she was described by all members of the research team who saw her as a particularly warm and skillful mother and the impression of unity and understanding between her and Billy was repeatedly commented upon. This came up not only in relation to her ability to persuade

Billy to respond as she wished him to in the areas of his eating, sleeping and toileting but also in the definite but indirect and subtle ways of prohibiting things of which she did not approve. It was noted for example that she interrupted the thumb sucking which she did not like not by pulling his thumb out but by enticing him to become busy with something else—i.e., playing with her or with a toy. Her prohibition of masturbation was recorded in detail by the physician when Billy was slightly under ten months of age: he reached for his penis while on the potty and she took his hand away said in a not unpleasant tone that's not to play with and thereafter supported him on the pot in such a way that although she did not appear to be restraining him, he could not again reach the genital area and turned his attention to her vocal stimulation. She seemed to set her limits in a way that aroused a minimum of protest from the baby. She anticipated no difficulty and seemed to feel perfectly sure that everything would go well between them. The only area in which it might be said that there was a limit to her competence was in relation to illness. Billy had his first illness at five and a half months—a severe cold and cough. Not only did she prove to be a surprisingly poor reporter of his symptoms, but she needed considerable help in giving him his medication. It has remained a consistent finding that Mrs. A.'s success in meeting Billy's needs and in interpreting clues from him is much less when he is sick than when well.

Some time must here be given to a description of Billy who showed surprising adaptability and smoothness in many of his physiological and maturational patterns from the beginning. As a newborn he was described as well developed, moderately active and mature. There was a specificity about his way of expressing his discomfort or wishes which seemed to make comforting him quite easy (i.e. not just by his mother but by others as well). One might say he gave clues which could easily be interpreted. His parents found him attractive, entertaining and easy to live with.

Some of the smoothness and adaptability in his behavior patterns can be illustrated by the story of his sleep. From the first, Billy was an infant who when he was asleep slept deeply. By age twelve days he was already sleeping seven to eight hours consecutively during the night and which by six weeks had increased to ten hours. At four months he had a period of about ten days of being wakeful intermittently at night at a time when he had grown too large to sleep comfortably in his bassinet. He returned to his uninterrupted twelve hours when placed in a large crib. When he was five and a half months old his father took a new job in which he worked from late afternoon to midnight. Billy very obligingly fit into the new family schedule by being perfectly amiable about going to bed slightly later and sleeping until 9 A.M. In the four illnesses which he had before he was eleven months of age his sleep would be temporarily disturbed (two to three days) while he was ill but returned to normal when he was well.

His rate of skeletal growth was rapid during the first months. He weighed 7 lbs. at birth and at the age of four months was at the 75th percentile in weight and the 60th percentile in length. He was described as well nourished and well fed, but not fat. He took large amounts of solid foods and formed a eagerly a fact

which manifestly pleased Mrs. A. His caloric needs during the first months were greater than those of many infants whose early growth pattern is slower, and thus his mother found him wonderful in still another area. We do not for a moment suggest that her way of feeding did not influence his intake and the pleasure of this experience for both of them. We do suggest that it was a happy and important coincidence that he needed more food than many babies do. Mrs. A. never had to cope with a baby whose appetite was small, his point of satiation unquestionably met her standards of adequate intake and he could usually be persuaded to "take one more bite for mommy" if she wished it.

He was responsive to every adult, both friend and stranger, and most of all to his mother. He smiled readily, babbled freely and gave observers the impression of great amiability and enjoyment of life, and that he expected the world would be good to him. As K. Wolf (1953) said in her report "It is not easy to explain the impression he created—he seemed so well put together, so smoothly integrated, and so completely unaware of the hardships of life—he was by no means a handsome baby but he enchanted every person who saw him." There was no trace of anxiety toward the stranger, though he clearly was discriminating in the quality of his positive responses. He was physically active, and his motor development during the first nine months was consistently four to six weeks advanced. His developmental profile showed unusually small scatter in the various areas measured by the infant tests—another demonstration of his steady, well integrated way of developing.

He also was making persistent grabs for the spoon during feeding and she found this annoying

During the next three months she indicated her irritation at certain continuing aspects of her environment which had previously seemed less important to her. She complained about her husband's doing things for his mother. There was distinct displeasure expressed for the first time at Billy's enjoyment of his paternal grandmother and the need to say but she [paternal grandmother] can't really take care of him and an ever increasing determination to have a place of her own as soon as possible. She talked about Billy's behavior in a different way. For example his activity and impatience with the lap were often spoken of as though they were primarily aimed at irritating her. His wish for certain objects to play with was seen as everything he shouldn't have he wants. She was bothered by the fact that Billy could no longer be so easily persuaded to comply with her wishes. She summarized her difficulty in saying I can't figure him out any more.

Under the pressure of the dissatisfaction Mrs. A. returned to work and left the part time care of the child to her sister. This does not mean that her relationship to B. had deteriorated that she had become a rejecting mother. The relationship has remained close but has lost one impressive component—the full unity of mother and child. The relationship between mother and child now bears more resemblance to her relationship with other people. She is a woman who tries gently but firmly to dominate every situation. This is apparent in her relationship with her husband and could be studied in some detail in her relationship with interviewer and pediatrician.

Retrospectively we find from this material that her reaction to the child's growing independence might have been anticipated but we missed an even more significant clue. When the pediatrician discussed with her the giving of solid foods and in enumerating mentioned that he might not like the taste of some of them Mrs. A. quickly responded Oh he'll like spinach I like it. What we saw in this was the unity what we missed was the germ of discord since what she implied was that Billy was not thought of as having a taste of his own.

Mrs. B. a twenty four year old dark haired dark eyed heavy set attractive young woman was the youngest of several children. After completing high school she had done unskilled factory work. It was here that she met her husband to whom she was attracted from the beginning although she did not go out with him until after he terminated a relationship with another girl.

Mr. B. two years older than Mrs. B. was the only living child of his parents. Mr. B. had always lived at home except for a three year period in the armed forces and the young couple moved into the family home with his parents. The house located in an isolated spot on the outskirts of the community was large enough for two separate living quarters and prior to the marriage it was planned that the two families would live separately. This arrangement was denied the B's because the mother in law became angry at them. This characterizes both the domination of the mother in law and the inability of the young couple

to assert themselves. The mother in law insisted upon doing all the cooking for the entire family.

Mrs. B. conceived three months after marriage and seemed to have been delighted about her pregnancy. They were both surprised at the early conception as Mr. B. had mumps orchitis while in the armed services and had been told that he might be sterile. Pregnancy was uneventful, the first movements of the baby were experienced with great pleasure. This made Mrs. B. know that the baby was alive while before this it had not seemed real.

Labor and delivery were medically uneventful. Jimmy, a large, blue-eyed, blonde boy, was characterized as a newborn as moderately active, and easily comforted by touch and position changes. Breast feeding was easily established with a large supply of milk. In the handling and breast feeding of the newborn baby she appeared competent and comfortable. He was entirely breast fed for the first three months and weaned only at eleven months. Solids were begun in the third month and taken well. We consider now the first part of this period. Milk supply was ample, only one breast was used per feeding; a bottle of breast milk was given on the one occasion when Mrs. B. was away for her postpartal checkup. She continued manual expression far beyond the usual period. The intimacy between mother and child extended beyond the feeding. He was held or carried either by mother or paternal grandmother for most of his waking and many of his sleeping hours. The mother took him into her bed, how frequently we do not know.

When the child was six weeks of age the staff's impression of Mrs. B. was uncrystallized. Out of the group of mothers studied in this project it was felt that she could either be the most 'normal' or belong among the most disturbed ones. There were only slight reasons for the latter view: there was her general difficulty in giving expression to anxiety and her hesitancy to ask for or accept advice generally. While her skill in handling Jimmy was noted from the beginning she later told of her concern in her first contacts with the infant (would he eat enough? would he stay awake long enough for eating? would he go back to the nursery hungry, etc.) The first clue to some of her unexpressed concern came to the pediatrician on the second post partum day when out of her anxiety about feeding she asked for the Rooming in service which she had previously refused. Other clues slowly accumulated in the early months. We heard that Jimmy was not taken outside because we have no carriage. He was given only sponge baths until seven months of age because he would be afraid of a tub bath. In spite of repeated explanations, the startling of the baby was interpreted by her as fright.

The relationship of Mrs. B. with her baby can only be fully appreciated if we take a number of factors into account. Living on the outskirts of town with poor transportation available contacts with her own family were infrequent and she felt a stranger in the house of her in laws where she had few household responsibilities. Thus the baby gained the importance of an exclusive possession.

ber feel guilty and depriving to give milk by cup instead of the breast. During an upper respiratory infection at nine and a half months when he had refused a feeding Mrs. B. said that she was unable to wean gradually and asked if she could stop all breast feedings at once. When the pediatrician suggested that this be postponed until Jimmy recovered from his infection a new period of exclusive breast feeding was initiated. Weaning took place abruptly at eleven months. At this time two events coincided: he bit the nipple until it bled and a visit to the pediatrician was imminent. Two days before this visit breast feeding was discontinued and when Mrs. B. was asked how she felt about it she replied: "I live it a day and then a night at a time and guess I'll get through it somehow."

The reaction of weaning on the mother became manifest in many ways. She was depressed, found life at her in-laws increasingly intolerable, spoke of taking a job but abandoned the idea because it would mean leaving Jimmy with the mother-in-law.

She was still skillful in her physical handling of him at the end of his first year but what was meaningful to the young infant whose needs and moods she could anticipate was no longer of equal importance to the growing child. The physical intimacy continued in many ways but the ways were not adaptive. Mrs. B. was inflexible and did not respond to his need to be given and allowed to play with toys nor provide opportunities to move and explore the world about him.

A new reason was found for the restriction of his motility. The mother-in-law's furniture could not be pushed around. This in turn makes the physical closeness between mother and child more easily explained and this was reinforced by the mother-in-law's statement that babies need to be held.

To what extent the attitude of the mother-in-law who dominates the young couple supplied a model which could easily be adapted to Mrs. B.'s own purposes is difficult to say but it seems possible that some ambivalent feelings of considerable intensity are stimulated by the child's attempts to grow with his months.

Concurrently with weaning there was an increase of upper respiratory infections. He impressed observers more and more as a disagreeable and dissatisfied child. His lack of initiative became apparent and was closely linked with intense anxiety of the stranger. Language production remains retarded but in all other sectors of development which can be measured by tests he functions at a normal level. He wears long hair and the decision to cut it now bothers his mother. A new situation has arisen in which she would have to part with something linked to his infancy.

In the following two cases we are concerned with a transition from attitudes on the part of the mothers which were more negative to attitudes which became more positive as time passed.

The first of these two Mrs. C. was described in the initial contact as being a moderately attractive pleasant young woman in the fifth month of pregnancy,

who seemed eager to please the interviewer and glad to become a part of the study. As time passed there seemed to be little reason to doubt that her attachment to the study was based on her belief that it was the best available means of insuring optimum care for her child and help for herself in caring for the infant about whom she expressed much concern during the ante-partum period. She read numerous books and articles about child care and asked many questions. She expressed far more than the usual amount of concern about whether or not the baby would be all right particularly as this was related to mental development. Pregnancy was complicated by nausea and vomiting from the third through the seventh months and thus necessitated one period of hospitalization for a few days. She worried about the effect of this vomiting on her baby, and expressed concern about her own ability to be the 'right kind' of mother.

The last two months of pregnancy were infinitely more pleasant for Mrs. C.—her vomiting disappeared and she expressed eagerness and pleasure mingled with anxiety about her adequacy over the prospect of becoming a mother. She delivered at term after a prolonged and exhausting labor necessitating spinal anesthesia and low forceps delivery. The infant, a well formed, vigorous little girl was in good condition at birth and weighed 7 lbs. Twelve hours later she looked less good: she had a high pitched cry of poor quality, reacted minimally to stimulation, had poor sucking and rooting responses and some degree of stupor. There was a mild peripheral facial weakness. Over the period of the next three days she became more wakeful and alert, the facial palsy disappeared and the above-mentioned sucking and rooting responses became quite active and normal.

By the time she was six days of age she was described as an attractive, well formed, vigorous infant who was active, hypertonic, easily startled and sensitive to external stimuli (touch, position change, temperature change, etc.) She cried loudly for her feedings, could not be quieted by holding at such times for the few minutes needed to prepare the breast or bottle, and was characterized by the nurse in the newborn nursery as a 'screamer'. It was only slightly more easy for the experienced nurse to comfort her than the inexperienced mother. It was felt at that time that because of her physiological make-up she was going to be a difficult baby to live with, and it seemed unfortunate that this infant whose needs seemed to overwhelm her was to be cared for by such an anxious and inept mother. In this assumption we were eminently correct. The first few months of Margaret's life were a trial and tribulation. Mrs. C. described this period as the 'worst three months of her life' a period in which she lost all confidence in herself, was not able to make decisions, was not able to feel good about what she did for the baby and was repeatedly confused by suggestions from neighbors and relatives. She was encouraged to call the pediatrician whenever she needed to and did this with impressive frequency. It was discovered quite early in the contact (by the time Margaret was two weeks of age) that it was not possible for Mrs. C. to choose between two acceptable methods of child care. She had to be given very specific instructions with the admonition that

there was more than one way to do this and if the suggested one did not work with Margaret she should call the doctor. This seemed to be the only way in which she could be helped during those first three months, and she was not ready for many months to assume real responsibility in relation to the baby's care. She could not carry over the reasoning behind one situation in child care to another. She had to ask separately about hundreds of small—but to her vital—points.

The baby grew and developed well, but she was physiologically unstable and difficult to satisfy. She was partially breast fed for six weeks but this the mother finally gave up because, although the books had said breast feeding was best for babies, Margaret spit up her mother's breast milk more frequently than she did the complementary bottle feeding. On the occasion of Margaret's first visit to the clinic at the age of six weeks the pediatrician characterized her as being hypertonic, very sensitive to loud or sudden sounds or sudden changes in movement, a very easy startler and difficult to comfort when crying. Although the pediatrician felt that these findings were not beyond the range of normal, it was not possible to exclude some degree of central nervous system damage at this time—in view of the already mentioned reactions during the first two days of life. This concern was not made known to the mother. Additionally, Margaret had a laryngeal stridor which, though of no medical significance in this instance, seemed to give Mrs. C. further cause for her fear that she was not a normal infant.

became apparent that Mrs. C. (evidently in an effort to reduce the necessity to make decisions) had become extremely rigid about feeding, placed great dependence upon the mechanical aspects of this and failed to notice or disregard the clues the baby gave her. For example, it was revealed that she always waited until the baby became loud and insistent in her crying for food before she fed her (and by this time the infant was expressing her needs by slight crying, followed only later by vigorous crying); she was stopping the feeding exactly after each 2 oz. to wait for an exact number of bubbles regardless of the baby's state of hunger or satiation. The pediatrician felt at that time that mother and child were caught in a mutually hazardous situation: that the mother was relying upon mechanistic devices to insure that she could function as a mother and that she was still concerned, anxious and preoccupied with her own inadequacy. It was therefore decided that the pediatrician must interrupt the mother's self-imposed mechanistic regime and for another period take away as much as possible some of the necessity to make decisions regarding the baby's care. Mrs. C. was therefore given very exact, specific instructions which she was told to follow without variation for the next ten days, at which time she was to report to the doctor.

The baby at that visit (age five months) was continuing to do well developmentally. She was able to roll from supine to prone, would support a large fraction of her weight when placed in standing position, and was (as expected at this age) more interested than before in sitting and in moving about. She gave her usual good performance in relation to her interest and drive to exploit the test materials. The most striking change to the staff at that visit was her discrimination of strangers and her marked preference for her mother. She was sufficiently apprehensive of the pediatrician and the room that it was necessary for the first time to permit her to sit on her mother's lap for the developmental and physical examinations. Mrs. C. confirmed that this had been present also in other situations for about two weeks.

Five days after this visit Mrs. C. called the doctor to report with great pleasure how well things were going and to tell about what she termed "little Margaret's advance." The advance she was seeing was described by her as much the same behavior the pediatrician had seen five days before. Margaret's increased activity, her moving about, her social responsiveness and reaching out behavior which had been pointed out to her at that time.

There was no doubt that after this visit something had enabled Mrs. C. for the first time to look at Margaret in a different way. Her developmental level as compared to her age had been excellent for months; her physical growth had been good from the first, and she had become infinitely less irritable and demanding, but Mrs. C. had derived only meager comfort from these things. The nature of the help being given by the pediatrician seemed no different from that of the earlier months. What did change was the kind of developmental steps taken by the infant: she was entering the period of turning more active in motor development, demonstrating her progress in ways usually more easily recognized by parents than some other aspects of development. She also developed a distinct

preference for her mother and apprehensiveness about strange people and places. It might be said that she gave to her mother at this time unmistakable evidence of responding in a specific and flattering way which Mrs. C. seems to have interpreted not as a demand upon her, but as a preference for her company in much more adult terms. This is in contrast to the attitude of some mothers who interpret the child's "fear of the stranger" as a defect in the child or as an increased demand upon themselves. During the next few months there were continued evidences of Mrs. C.'s growing pleasure in Margaret, her recognition and appreciation of her as an individual, and a disappearance of the expressions of her fear that Margaret would be retarded. Moreover, she was increasingly able to make many everyday decisions which came up in relation to Margaret's care. As she expressed it to the interviewer, "things are so much better now. I can talk to Margaret and see that she understands what I mean."

In summarizing we may add that for several months before the change in attitude, the staff had observed that in spite of her difficulties Mrs. C. could comfort Margaret better than anyone else and had devised ways of handling her which were adapted to the specific requirements of this baby. For example, Margaret was a baby who was often more upset than comforted when her skin was stroked or she was patted, so that this common avenue of giving comfort to a baby was closed to her. Mrs. C.—without realizing her own wisdom, learned to talk to Margaret before touching her—and to introduce a toy for her to look at or hold as an effective means of comforting her. The pediatrician felt certain and stressed to Mrs. C. that she was doing better than she realized. And yet the change in Mrs. C.'s attitude came only after five months.

It seems to be due to the two factors which we mentioned before. The specific developmental advance ("turning active") banished the fear that the child was damaged or defective. This fear verbalized during pregnancy by Mrs. C., as by so many mothers, was in this case presumably related to the fear of having damaged the unborn child by excessive vomiting, and by the mother's excessive dissatisfaction with herself as a person, which dates back into her own childhood. The second factor which produced a change in the mother's attitude, the personal response of the child to her ministrations and her presence strengthens the reassurance.

Mrs. D. was an attractive woman in her late twenties who prior to her pregnancy had combined a full time career with marriage. She had been married for four years to her husband who worked in a profession and described these years as the happiest of her life. While they had planned to have children, the pregnancy at this time was unplanned and it meant for her a radical change in their mode of living. As a couple they would no longer be able to enjoy frequent trips and excursions and more specifically it meant that Mrs. D. would have to abandon her career just as she was about to achieve a long sought-for position, because she had firm convictions that a child should be cared for by its own mother and not left to the care of others.

The physical aspects of the pregnancy were uneventful. An increased need to

sleep and a difficulty in regulating the diet were the only complaints. She found it hard to restrict her consumption of candy. Not only was the child unwanted at this time but she stated the rearing of children is something to get over with. She was frightened by the idea of having a child as there is in it something final—a new responsibility is added and how can she bear it? She had had no experience with infants under three years. She characterized herself as an impatient, restless and quick tempered person who would spank the child when she becomes angry. She felt her husband was more likely to do things correctly than she. She believed in strictness for children and not in babying or spoiling.

She was afraid of having a child with cerebral palsy or mongolism as she hated the thought of being a mother who would be pitied by others. Even her positive plans seemed determined by competitive thoughts. She would breast feed as she had been fed herself; her brother's wife was unable to do so.

The child was to be a boy and while she thought her husband would not care she would be disappointed if it were not a boy. From her own past she later recalled that she always felt her father wanted her to be a boy. She remembered his intense desire for her to excel academically and if the grades were not satisfactory to him he would not talk to her for several days and tutoring would be instituted. During her childhood she often was dressed as a boy and was mistaken for a boy by strangers which hurt and angered her.

Mrs. D. was admitted to the obstetrical ward with mild vaginal bleeding followed by a slowly proceeding labor of about twelve hours. Contractions increased in intensity and as she was about to be taken to the delivery room she delivered in bed, the husband cheering at the bedside. The obstetrician's impression was that this was a gratifying experience for both parents. She reported the following day that the delivery was a satisfying event and talked of both the terrific speed of the delivery and the surprise of the obstetrician as minor triumphs. Though the baby was small (5½ lbs.) she added, "but she tore me apart" thus referring to a minor vaginal tear.

The baby, a girl, impressed all observers as a small, slightly immature infant who was attractive, pretty and doll-like and healthy in every way. The attitude of the mother to the infant became manifest through innumerable details. Ann was outstandingly attractive and elicited many spontaneous remarks to that effect from the staff which the mother negated. Even in the baby's third month of life the mother said to the admiring interviewer, "let me show you a really pretty baby" and produced pictures of herself in infancy adding, "since she won't be pretty she had better be clever." A statement which in its brevity sets the tone of the mother's verbalized attitude toward the child. A similar attitude characterized the details of her physical care of the baby.

As a newborn Ann was easily comforted by holding and yet the mother reported after a few weeks that the child preferred not to be held. She expressed disapproval of picking up the infant and the impression was gained that all handling was as much restricted as possible.

Breast feeding was abandoned in the hospital period because of Mrs. D.'s repeated questioning as to whether she could manage it at home alone. The milk

supply was adequate but she felt the breasts were so large they might smother the baby.

Formula feeding was easily instituted but Mrs. D soon found it too time consuming. By observation it was noted to be mechanical and hurried. While Mrs. D availed herself of the best literature and advice on child care practices and followed the letter of the law it was repeatedly observed that in these procedures she gave little of herself.

At six weeks of age certain predictions were made concerning the mother-child relationship. It was felt that there was little evidence that she enjoyed the baby; she would be unable to invest much in the infant and she would have little tolerance if the baby disturbed her. It was also predicted that she would manage efficiently and that explicit directions in the child's care would be helpful to her. She possibly would be better able to respond to a latency child. The predictions did not extend to the time of onset and specific areas of development that might be affected.

Ann was healthy and feeding and sleeping difficulties were absent. She continued to be a small, attractive infant who showed normal developmental progress until six months of age. At six months of age her total developmental picture was within normal limits but she was noted to have poor control of the trunk and poor mastery of large body movements. This was evidenced by her inability to roll to prone from supine, not lifting the head in supine position, not maintaining the trunk in an erect position even when propped, and inability to support more than a fraction of her weight when held in the standing position. Her grasping patterns with both large and small objects was slightly above her age and in the absence of any illness or evidence of neurological difficulty it was felt the slight lag in the gross motor area was not alarming.

By eight months of age the clinical picture gave rise to serious apprehension from the staff. Ann could not yet sit alone except momentarily and could not support her full weight on her feet when supported. All gross motor functions were significantly retarded. Fine motor functions were not retarded. Her interest in toys was considerably less than expected for her age. In addition to the gross motor delay there was also delayed language development. She was observed to react to the mother's approach with vigorous crying which was the reverse of her reaction to the stranger (no anxiety for the stranger noted).

Mrs. D expressed concern about Ann's progress and reported the child had episodes of crying for no reason apparent to the mother. These episodes were more frequent on days when Mrs. D felt lonely and depressed. Consciously she related her depression to the feeling that being a wife and mother were insufficient and she longed to work again at her career.

The mother's attitude to the lag in development showed two sides. Initially she was predominantly depressed and hopeless and seemed ready to abandon the child by having another with whom she could have more success. Later she tended to deny the situation and bring forth evidence to support her denial.

Therapeutic aims were directed chiefly toward the mother in helping her obtain psychotherapy. However, a return to her career and outside help with

the child's care were additional aims toward improving the situation for both mother and infant.

Neither the pediatrician nor interviewer were able to help Mrs. D. accept any of these measures. A consultant of wide pediatric and psychiatric experience and high professional competence had a similar experience. Pediatric contacts were increased in frequency in an attempt to help Mrs. D. increase the amount of physical handling and stimulation given the child in the hope that this would help the child.

It may well be that during this period the mother followed some of the advice concerning the care and stimulation, detailed nutritional advice and general intimations of the child's needs. The atmosphere prevailing during the contacts with the mother was so tense that details were difficult to elicit.

At thirteen months of age Mrs. D. reported that Ann was now much more of a person; she was able to talk to her and believed that the child was beginning to understand her. While Ann was not yet walking alone Mrs. D. seemed confident that she was a normal child. The mother-child contacts as observed at home had taken on many aspects of a teacher-pupil relationship. Ann was able to stand alone momentarily, had two words, comprehended a few objects by name and showed interest in the picture book. Development appeared to be up to her age level in all areas for the first time in many months.

During the interval between eight and thirteen months of age certain external events are known to have taken place which may have influenced this change. Both mother and child had a mild respiratory illness during which the father took over the child's care. Immediately following their illness the mother and child spent several weeks with relatives, a visit the mother enjoyed and where both adults and children were interested in playing with Ann. Subsequently the family spent several weeks in a resort area when the contacts between father and child were possibly more frequent.

It seems no single factor can be assumed to be solely responsible for the change in the child's development. We assume the interaction of more favorable external conditions with the forces of maturation. As far as the father is concerned the child around the end of the first year established a new type of relationship. Earlier he had been charmed by her attractiveness and denied that there might be anything wrong with her developmental progress but apparently had little actual contact with her. The illness of mother may have initiated a more intense relationship between father and child. By eighteen months of age she was known to have turned to the father with obvious eagerness.

The mother's contribution to the child's developmental spurt is unclear. We know only that the mother felt less discontent with her lot during the visit with relatives and the vacation period. However, her response to the child's spurt was clearer. She expressed pleasure that Ann could understand her and was now teachable and began a program of coaching and tutoring to which the child was able to respond. Teaching and the value of performance had been one of the main themes in Mrs. D.'s relation to her own father. It now dominated her attitude to her child. Another factor also was evident. She expressed pride in the

child's developing aggression toward other children. It may have meant to her that the child was now less helpless to the mother's own aggression.

Mrs. D. found it possible to adapt more positively to the child as a toddler than as a helpless infant.

DISCUSSION

The four cases here reported have some elements in common. In each of them the attitude of the mother to the child underwent an early and marked change. We point here only to some salient aspects.

The simplest case seems to be that of Mrs. B. The child, lover on the breast, is her exclusive possession. A skillful mother, she fails when the toddler strives for independence. She cannot effect the separation from the infant and remains unaware of the requirements of the growing child.

The case of Mrs. A. (the first report) illustrates an initially somewhat similar relationship with different further development. A mother who experiences the child as part of herself and reacts to minimal clues finds it difficult to accept even the first signs of independence. When she says that she no longer understands what the little boy wants, she describes her initial reaction to this change. Out of a loving couple develops a fighting one. A new type of object relation—the one which seems to pervade Mrs. A.'s life—develops. She finds it possible to adjust in returning to work and in sharing child care with her sister.

The change in attitude was observed earliest in the case of Mrs. C. From birth on the child had been unsatisfactory to her. The actual peculiarities of equipment, the difficulties which the child offered to any approach seem to have reinforced the tendency to project her dissatisfaction with herself onto the child. Moreover, the pregnancy with its disturbing events apparently reinforced the feeling that she had inflicted damage on the child. With the help of the pediatrician and with the progressing development of the child a change in attitude occurred. The decisive factor seems to have been that the child turned actively toward the mother. The mother became able to "understand" the child's very specific needs to react to clues hitherto missed or ignored, and she became more skillful in her approach to the child. We assume that a change in the working of identification had occurred: the child, no longer so much a part of herself and thus subject to attack, could be understood.

The positive impact of the child's development on the mother can also be seen in the case of Mrs. D., a woman who never desired to have this child and feels unable to handle the infant. The infant is at first a rival, it might have been different if it had been a boy instead of a girl. The

change of attitude occurred when the growing development of the little girl made her independent, when she could be "taught" and thus the relation between mother and child could elicit the memory of the mother's own past—when her father had taken active interest in her scholastic progress

The material presented is in various respects inconclusive. We are unable to evaluate the extent and effects of the variations in attitude here described. We report on one small aspect of a larger picture. We are concerned with processes in progress and propose at a later occasion to present the case material in greater detail and in longer time perspectives.

The relationship of the variations in parental attitudes here ascribed to underlying unconscious fantasies can only be postulated, in certain instances we have by implication assumed the predominance of the one or of the other of such fantasies. We feel, however, that the material presented invites some comments on points of psychoanalytic theory which have a bearing on similar problems. These points concern the relationship of identification to object relationship. We start from an apparent contradiction in formulation. We know from Freud that identification may take the place of object relationship, the lost object may be replaced by a transformation of the self. But on the other hand identification opens the way for an understanding of the object and is therefore part of object relationship.

The apparent contradiction can be resolved when we more sharply distinguish between archaic and higher, id and ego aspects of identification. Identification rests on the mechanisms of projection and introjection. In its extreme form I am (in the) other, he is (in) me. The opposition is one of being incorporated and incorporating (Lewin, 1952). In these terms the dynamics and actually the behavior of certain psychotics can adequately be described (Lewin, 1952, Jacobson, 1952). Many aspects in the development of the small child seem better understandable if we postulate the existence of such mechanisms. The cases here discussed show a reversed picture: the child, once part of the mother, becomes a person. The earliest variations in maternal attitudes suggest that much of the ability of the mother to handle the small child and much in the difficulty to adjust to its growth depends on the capacity to shift from one type of identification to another. In more accurate—but still some what simplified—theoretical terms we would say it depends on the question as to what extent the mechanism of identification has become autonomous, the energies used in it have become neutralized (Hartmann, 1950a). Quite obviously the archaic forms of identification never disappear fully and remain the source which feeds parent child relationships in general.

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SOME HYPOTHESES ON THE ROLE OF THE CONGENITAL ACTIVITY TYPE IN PERSONALITY DEVELOPMENT¹

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The Congenital Activity Type is a descriptive term, referring to the amount of activity a newborn infant shows in response to certain stimuli. This factor was first explored by Fries in 1935 (Fries, 1937, 1941, 1941a; Fries and Lewi, 1938). It represents the newborn's biological mode of adjustment. It is dependent upon the neuromuscular system. Part of the excitability of the neuromuscular system is congenital by result of inheritance, intrauterine life, and birth (Fries, 1944); while part of the excitability is determined by temporary body changes due to the birth process, illness, growth, the stage of myelinization, emotional state, and especially the parents' emotional attitudes (Fries, 1941). All these factors combine, therefore, to produce a congenital² rather than an inherited tendency to react to the environment in a characteristic manner which may be described according to activity type.

Infants may be grouped roughly into five types which really form a continuum: within normal range, quiet, moderately active, and active, and with a pathological group at either end of the range—the hypo- and hyper active.³ A child of any group may develop psychopathology, but the

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² By exploring these early congenital factors, it becomes clearer how the psychological ones have an impact probably in utero and certainly from birth on. Because of this it is more accurate to call the newborn's activity type congenital instead of constitutional, since environmental and birth experiences contribute to it. The impact of environmental experiences occurring before the differentiation of the ego and id is so important because the effect is undoubtedly as lifelong as though they were constitutional factors.

³ Pavlov (1911) felt that activity type substantially affected the performance of laboratory dogs under experimental conditions. He classified his dogs into four activity groups: extreme excitatory, inhibitory, and two central types of quiet and lively

two extremes appear more vulnerable. These extremes seem to be comparable to those infants Greenacre (1941) describes as having suffered severely in utero.

The *Activity Pattern*, as distinguished from the *Congenital Activity Type*, shows the modifying effect of temporary factors referred to above, and is the actual way the child reacts at any specific time.

The Type and Pattern generally correspond from the first few days of life up to the first month, i.e., from the disappearance of transient birth effects, such as maternal anesthesia, shock, and small hemorrhages that are reabsorbed, to the time when the maturation of the nervous system is sufficiently advanced to enable the child to react with an adult startle response instead of an infantile one. This corresponds approximately in time to the differentiation of the id and the ego.

Like other constitutional factors, the Congenital Activity Type must play an important role in the discharge of id impulses, as well as in ego and superego development. Its exact significance cannot now be stated. Freud frequently refers to the importance of constitutional factors. It is hoped that in the future, the psychoanalysis of children and adults, whose behavior during infancy is objectively verifiable, will help to clarify the relationship between the Congenital Activity Type of the newborn, and the later personality development. Such analyses may likewise help us to determine which congenital traits, if any, are of greater significance and how various combinations of congenital traits predispose to diverse types of personality structure.

Continuous twenty-four hour observations in 1935, for instance, suggested a correlation between quiet motoric behavior in the newborn and keener olfactory perception. However, everyone knows how difficult, if not almost impossible it is, to establish valid tests for olfactory perception, so that this sensory testing had to be given up, as did many other neurological tests in order to avoid fatiguing the newborns. In two quiet children reported, one at Yale (Kris, 1951), and one, Kate from our own private cases, the later use of the eyes was very pronounced. There is no way to know if this results from a developmental process or is a constitutional factor.

In "Analysis Terminable and Interminable" Freud (1937) said, "We have no reason to dispute the existence of and importance of primal ego-variations. The Congenital Activity Type is in our opinion, one primal variation. Or perhaps we should go back to the even more basic ego apparatus as described by Hartmann (1950, 1952). In addition to the Congenital Activity Type, there must, of course, be other and perhaps more influential basic variations and combinations which affect the

maturing personality, not forgetting the importance of significant early experience. Other factors are now being explored in the work at Yale under Kris, Provence, Senn and Wolf.⁴ In 1935, however, there was no precedent to help us in selecting what we should observe. Although quite a few neurological tests (Fries and Lewi, 1938, Gesell and Amatruda first published in 1911) were then given, none of these gave any conclusive picture. The only clear cut result that we could see was differences in motor behavior. This refers not only to the amount of activity as represented by the number, but also to the tempo, excursion and duration of movements, as well as the character of the prevailing muscle tonus, i.e. tonic-clonic or tonic. The role tonus plays in development is reported by Kestenberg (1953).

At this point we want to emphasize that we are not claiming a one-to-one relationship between Congenital Activity Type and later adult personality. This, as any other congenital factor, can have only a predisposing influence. Indeed it is important to keep in mind the impossibility of completely isolating the effect of any single factor.

The following hypotheses are based on the additional contributions of many others, especially A. Freud (1937, 1946, 1949, 1951), A. Freud and Burlingham (1943), Greenacre (1941, 1945, 1952), Hartmann (1950, 1950a, 1952), Hartmann, Kris and Loewenstein (1946, 1949), Kris (1940, 1950, 1951, 1951a), Loewenstein (1950), Malcove (1945), and on our own results from psychoanalytic therapy and analysis of adolescents and adults.

I THE EFFECT OF THE CONGENITAL ACTIVITY TYPE ON PARENT CHILD RELATIONSHIP

The child's Congenital Activity Type is one of the factors which affects the parent's attitude, just as does its sex and state of health. It is obvious that what affects the adult-child relationship will, in turn, contribute to the nature of the infant's object relationships. On the other hand, the parent's attitudes, reacting to the child's Congenital Activity Type, help produce its Activity Pattern (Fries, 1946).

In the case of Kate her early quiet pattern—shown by her rarely crying and sleeping most of the time—was welcomed by her parents, as she did not disturb their work. Similarly Rose's compulsive, intellectualizing mother derived narcissistic gratification from Rose's early active motor achievement—such as walking and climbing—as long as it did not inconvenience her. While in a third family, the interaction of an active toddler and a compulsively overconscientious mother led her to seek treatment for

⁴ See e.g., Wolf (1953) and Kris (1953).

an increasingly poor mother-child relationship. Having read that it was bad to thwart a growing child, this mother allowed the healthy active boy to run each day in the Park but this required her following him, so he would not get into trouble. She was exhausted by 4 P.M. Then she would get easily irritated so that, against her own desires, she would spank him for the slightest thing. She was at her wits' ends, because she wanted to be a "good mother."

Since early oral gratification is essential for later satisfactory object relationship, the infant who attains this satisfaction the most easily should have the advantage. Only when comparing the pathologically active or pathologically quiet with the moderately active infant, does the role of the Congenital Activity Type become highlighted. The moderately active, other factors being equal, can obtain oral satisfaction most easily, e.g., if nursing is interrupted (and it often must be for the mother to take care of door bell, other children, etc.) the moderately active baby is not greatly distressed and returns to nursing easily. In 1938 we stated we felt "such an infant had not only a physical but also a psychological advantage in overcoming frustrations." In addition, parents react with warmth to such an easily satisfied and responsive baby.

An example of the overactive newborn seems to us to be the 'three months colic infant,' a pediatric term used for infants, who after crying excessively and suffering from colic, quiet down at three months. Both parent and child experience real and repeated frustrations in the process of establishing a relationship with each other. At the opposite end of the range, the pathologically quiet child and its parents also experience difficulties.

As seen above, the child's congenital factors and general health contribute to the family's attitudes and care of it, so that the child rearing is, in part, influenced by the child itself, a fact which later Escalona (1951), Erikson (1950), and Hestenberg (1946), have substantiated. It is quite different in cultures (Fries, 1941a, 1947, Mead and MacGregor, 1951) where relationships are rigidly constructed, for an infant's inherent variations then will have less direct impact on the behavior of the adults and its own rearing.

Broad cultural considerations (Fromm, 1943) also come into play. In Western culture, parents expect the male child to be active, the female to be passive. Entirely aside from the sexual aspects of activity or passivity, it may be expected, therefore, that a congenitally active male child would have an advantage over a quiet one in our society, and a quiet female over an active one.

II THE EFFECT ON PSYCHOSEXUAL DEVELOPMENT

The startle responses of infants with different Congenital Activity Types vary in form and duration. The body assumes different postures, with the result that different parts of the body are stimulated and to a varying degree. This may contribute to differences in psychosexual development, e.g., Rose, the active child, cried, moved her body more frequently and extensively, as well as kicked and flexed her legs more than Kate. The latter had a tendency to extend her legs rigidly and at times to press them together, hardly moving her torso or crying. Different parts of the body are self-stimulated in each individual, thereby possibly laying the basis for future choice of areas of libidinalization. In addition, different types of genital stimulation will result. In this connection Green acres (1952) concept is of interest. She believes early vaginal excitation is more frequent than heretofore considered.

III THE EFFECT ON EGO DEVELOPMENT

The Congenital Activity Type influences the child's ways of testing reality and his form of mastery over the environment.

Kate, because of her slower tempo, inactivity and even withdrawal, as well as the psychological needs of her family, was waited on and given little chance or encouragement to act for herself. Consequently this interaction prolonged the symbiotic relationship of mother and infant. Kate absorbed experience by predominantly visual, auditory, and possibly olfactory introjection rather than by active muscular experimentation.

The active Rose, on the other hand, early began to overcome all possible obstacles by herself. She did this even in the face of disapproval. It seems to us that many active children may thus experience considerable guilt with their successful achievements.

Because of the combination of their Congenital Activity Types and familial needs, Kate tended to test reality and gain mastery over the environment through the adults while Rose did so through her own activity. Such results are not inevitable. It was observed that when parents are better adjusted children of both the active and quiet type tend to modify their behavior toward the median, while if the parents are very ambivalent, the children before repression takes place, tend to deviate toward the extremes (Fries, 1947). After repression one active child utilized the activity in the service of repression and overtly had a quiet but neurotic pattern. We have not, as yet, seen the reverse.

Both Kate and Rose had very different types of experiences and thus

must have had a marked effect on the method, and possibly on the rate, of establishing ego boundaries. The question must be considered: does the child with a quiet type have as much opportunity to develop its ego through testing reality as the active one? For while the number of active encounters with reality is reduced kinesthetically, the quiet child may nevertheless compensate by more intensive utilization of its experiences or by greater use of other senses such as unusual use of eyes by two quiet children. Then, too, since the quiet child is more inclined to have a symbiotic relation with its mother on a biological basis it has more experiences through its mother's activities, by introjection and identification. On the other hand, we must consider whether the active child might not have greater difficulty in the transition from general motoric discharge to action controlled by the ego.

In any event, the specific dynamics of ego development would vary with the different Congenital Activity Types. Psychoanalyses, especially of those individuals previously studied in infancy, may here again be able to fill in the gaps in our knowledge.

Another aspect implicit in the Congenital Activity Type is the one on which we originally concentrated most attention—i.e., correlation with reaction to stimuli. In the newborn's behavior in response to stimuli (throughout the twenty-four hours) one sees the most primitive means of attempting to re-establish homeostatic equilibrium. According to our original observations, it seemed that infants' reactions to all stimuli were typical of their Congenital Activity Type (Fries, 1937, 1944, Fries and Lewi, 1938). This statement now appears oversimplified. Further study of the Kate archives shows that by four weeks she behaved to auditory vibratory stimuli and to known situations as if she had a moderately active Congenital Activity Type, while to new situations she reacted with her original quiet pattern. There was no such indication of two different patterns by four weeks in the behavior of Rose, the active child.

Why should a child like Kate become more responsive to stimuli by the fourth week?

- (a) Did she develop a second Activity Type which then alternated with the quiet one?
- (b) Did she overcome most of her early physical handicap which may have resulted in general lack of energy?
- (c) Did her Eustachian tubes open, giving her more acute hearing?
- (d) Did her nervous system mature, making available some pathways previously undeveloped?
- (e) Did she overcome prolonged birth shock?

- (f) Did she absorb a subdural hemorrhage, prolonged considerably beyond the usual time by reason of interference with production and storage of vitamin K, as a result of the diarrhea?
- (g) Did she become conditioned by the considerable environmental stimulation?

Since we lack data by which to reply, these questions must remain theoretical. Her Rorschach at eight years and seven months confirms the existence of the two patterns. Leitch and Escalona (1949) have reported that in psychotic children there is a marked difference in the acuity of different sense organs. Mrs. Brownfield is now investigating at New York Hospital whether the difference of Congenital Activity Type is based on the differences of perception of stimuli and/or on discharge of tensions.

IV THE EFFECT ON DEFENSE MECHANISMS

Regardless of the outcome of Mrs. Brownfield's research, it is important to consider the fourth point, namely: Are these primitive reactions the biological forerunners of later defense mechanisms of the ego? As Freud (1937) has said, "It may well be that before its sharp cleavage into ego and id, and before the formation of a super ego, the mental apparatus makes use of different methods of defence from those which it employs after it has obtained these levels of organisation." Also, Anna Freud (1937) has pointed out that "Defense mechanisms are built on a two fold basis, on the one hand, the ego, and on the other hand, the essential nature of the instinctual process." It is obvious that true ego defense mechanisms can exist only after the separation of ego and id. Hartmann carries this back further in two of his recent papers (1950, 1952). He points out "It may be that very early processes in the autonomous area are genetically speaking precursors of what at a later stage we call defense mechanisms." Biological postures observed in early infancy were in two cases utilized later for defensive purposes.

At this point it is of interest to note certain parallels between the responses of Kate and those of certain very primitive organisms. Kate's early responses call to mind the resistance of some protozoa and crustacea to changes in the chemical composition of the water in which they live. They back away from areas of perceptibly higher or lower concentration, yet after they have become accustomed to the new medium they resist equally swimming into the water of the original composition.

In her first weeks of life, Kate's behavior is strikingly similar. During the first ten days she persists in sucking even after the nipple is removed,

but once she stops sucking, she persists in not sucking—even though one attempts to replace the nipple between lips, that only a few seconds before were persisting in sucking. Later, new experiences are met, by and large, with similar resistance and wariness. This does not imply that the active child also may not—later—resist new situations. Indeed, the active child may similarly withdraw from new situations, but due to added psychological determinants. In analysis we see that many patients, originally active, show this protozoa like behavior as a result of reaction formation.

While the active infant re-establishes homeostatic equilibrium by motor discharge, the quiet infant does so through withdrawal and sleep. Leaving observational data, let us speculate. Is it possible that the quiet infant is more predisposed to the mechanisms of regression, denial, and fantasy? Not that these same defenses do not occur, in conjunction with others, in the active child as well, but we are here considering a biological predisposition.

Each child learns through imitation and identification. Rose's mother acts vigorously, while Kate's is less active and slower, and obviously subject to moods. Rose seems to reflect predominantly action, Kate moods. There is not enough unconscious material available to be able to say whether this result is primarily due to imitation and identification or to the Congenital Activity Type. Obviously the interaction of both these factors and many more contribute to the final picture.

A highly speculative point is: What can be some of the possible differences in response to repeated exposure to the primal scene? Other things being equal, if a quiet child does not perceive stimuli as acutely, then it may not have as much need to employ ego defenses, on the other hand, if it perceives as acutely, or more acutely, it might re-establish homeostatic equilibrium by withdrawal or denial. Whereas the active child might perceive it more, less or as acutely but try to master its anxiety through kinesthetic identification, bodily movement, restlessness and crying—any of which would tend to draw more attention to itself, to irritate the parents and cause them to scold. Therefore, the active child's defense mechanism would provoke a reprimand while the quiet one's might not.

There are many other ways of course in which these two types could respond to the primal scene—for instance one analytic patient who had been an active infant was so overwhelmed by the early trauma that he became muscularly paralyzed and introjected the primal scene visually and auditorily, thus his behavior appeared similar to that of the quiet type. Deprived of his usual motor discharge, the total experience seemed

more traumatic to him than if he had been a quiet child (This might be compared to the increase in traumatic experience of the soldiers in the foxholes as compared to those in active warfare)

In severe traumatic situations, such as panic, people regress. But there are also many situations, not in themselves traumatic—e.g., new situations, normally pleasurable situations, and situations that to other people might be merely difficult—to which some individuals may respond as if they were traumatic. When these situations occur, it is conceivable that people make use of their primitive methods of adjustment. These, of course, will not manifest themselves in exactly the same way as in infancy, because of the growth and maturation of the physical and psychic equipment. But if the individual primitive reactions (proto defenses) had shown themselves in activity, the individual would probably react with increased, though unorganized, activity, while if the proto defenses had manifested themselves in withdrawal, the person would probably react with something akin to paralysis.

Here we may well ask to what extent is the fate of aggressive impulses influenced by the Congenital Activity Type? When quiet newborn infants withdraw and fall asleep in response to oral frustration, their state approximates the intrauterine existence. Is it possible that their quantum of libido is not as great as that of the active newborn. Or is their aggression turned inward rather than outward? If so, could the young quiet child be masochistically, and the active one sadistically, predisposed on a purely biological basis? Or, if Freud's concept of the death instinct were used, would the pathological quiet type have a stronger death instinct than the active?

Kestenberg (1953) feels that the active child is inclined to express its aggression more overtly, with decrease of tonus, through muscular discharge. The quiet child by sustained tonus, persistent moods of inactivity, negativism, obstinacy, and general withholding. Depending on the kind and amount of repression required by the interplay of internal and external forces the picture may change as it did with active Rose, when she turned her aggression against herself and became increasingly a passive withdrawn child with little initiative.

V PREDISPOSITION TO PATHOLOGY

We wish to preface this final section by re-emphasizing that the term, Congenital Activity Type refers to behavior clearly seen during the first two or three months which may persist through life, but can be, and frequently is, overlaid by the Activity Pattern. In view of the frequency

with which people refer to the children's Congenital Activity Type as active or passive, it seems necessary to indicate that this is not according to our own nomenclature which is Active, Moderately Active, and Quiet. The term, Quiet Congenital Activity Type, is not synonymous with passivity, for the latter term implies a psychological component developed after birth.

The question has repeatedly been raised whether the quiet child is more prone to hysterical traits and the active child to compulsive traits. The heredity and environment of children studied present too many complicating factors for us to be able to draw any definite conclusions. But anyhow, the Congenital Activity Type may play a part in the choice of form of symptom (Fries, 1946).

No case of childhood or adult psychosis developed among children we followed from birth on. It seems to us that the autistic child described by Kanner (1943) develops more probably from the extremely pathologically quiet type and may possibly be detected at birth. The further researches into the field of autism by Kestenberg (1953), Mahler (1953), Mahler, Ross and De Vries (1949), Weil (1953)³ and others should prove invaluable. Already the continuous panel discussions on childhood psychosis under the chairmanship of Dr. Mary O'Neil Hawkins at the Midwinter Meetings have helped in the pooling of much important data.

One boy (Fries and Lewi, 1938, Fries 1941) who had a quiet pattern in the first month and who had a partial facial paralysis for five days from forceps delivery, by six years had developed schizoid traits, observable clinically and in his Rorschach. His parents also reinforced his constitutional make up. His mother was compulsively dominating and his father very withdrawn.

In 1938 it seemed to us that the pathologically quiet child, in a sick environment, was the more apt to develop schizophrenia (Fries and Lewi, 1938). This concept surely needs revision and amplification, for the pathologically active can also develop psychoses since it can have an equally difficult time to establish object relationships and to give up magical thinking. Such was the case of a four and a half year-old boy referred for analytic treatment. In his early infancy he was hyperactive. To protect his life at nine months the family had to fasten a hospital net over the crib, since several times he crawled out and was found at the open window ledge. His repeated acts dangerous to his very existence, reminded one of a cat with nine lives.

The precipitating experience which made the parents seek help was that one afternoon, feeling omnipotent and negativistic, he got in front

³ See *This Volume*, pp. 271-277

of a delivery truck to stop it from starting up. The driver, not seeing him, knocked him over. Although he suffered very little injury, the parents wanted to prevent further accidents. In addition to his psychoanalysis, he had a psychiatric day and night nurse. Nevertheless when once again playing superman, he jumped from the second floor, landing, though very safely in the garden bushes. Despite his escapades and sadistic acts he was able to attend school and now, seventeen years old, is in boarding school occasionally seeing a psychiatrist.

His parents constantly wished him to be independent and by their overintellectualized omnipotent like behavior denied the very existence of his infantile needs.

Comparative data based on the psychoanalytic treatment of two borderline adolescents of Quiet Congenital Activity Types is significant. When they came for treatment both of them were seriously depressed. Both showed almost complete inactivity and sadomasochism, with the sadism being the more unconscious. The predominant defense mechanism was that of denial, but there were also considerable phobic avoidance mechanisms.

The mothers described these adolescents as having been extremely quiet in infancy. Their accounts seemed fairly reliable, as each had had another child with whom to make a comparison. The blind Rorschach interpretations by Dr. Levi show the same. The parents stated that both children had shown (so-called) laziness in infancy, little motility in the crib, great passivity, slowness in general development despite high I.Q. In neither family was there much emotional warmth. Both patients' mothers—themselves compulsive—were disappointed in their children and actively took over for them. The fathers were ambivalent and preoccupied with their own work. In these general ways the backgrounds, histories, and symptoms, were similar, in other respects they differed.

Psychoanalytic treatment had to be greatly modified at the beginning. Of interest was their approach to treatment: both were consciously eager and asking for help but quickly developed a clinging dependency. But under the slightest anxiety both withdrew. In contrast to those actively acting out, their acting out took the form of inactivity, i.e., they missed their hours and took to bed, or the one fell asleep during the hour. Both verbalized very little until the last phase of treatment. Both complained more of organ than muscular tension. One reason was that motor cathexis was low, therefore organ cathexis could be increased.

The girl Bertha showed clearly how through looking she learned and became acquainted with details before acting. Certainly, slowness in later childhood cannot be regarded as indicative of congenital type, since reac-

tion formations, environmental modifications and sexual differentiation have had ample time to overlay the Type and thus alter the Activity Pattern. Still, like a primitive organism Bertha moved cautiously and slowly from one activity to another, she said that she could undertake only one anxiety provoking situation a day. Such behavior is well known in borderline schizophrenics and may have nothing to do with the original Quiet Activity Type. But it may also be true that this particular type of borderline schizophrenic evolves predominantly from the combination of a pathologically quiet infant in a hostile environment. The close symbiosis between Bertha and her mother was similar to one of the groups of cases described by Mahler (1953). There can be all variations in symbiotic and anachitic relationship, depending on the needs of parents and/or child (Spitz, 1946). Probably the prognosis in treatment is not so favorable when there is a consistent life history of inactivity.* To return to Bertha during treatment her infantile oral needs for such a symbiotic relationship became clear. Her method of reality testing and mastering the environment through her mother support the hypotheses mentioned earlier.

As for repressed aggression, Bertha's fantasies though violent did not differ appreciably from those of other patients. Whether the strength of the aggressive drive is quantitatively different in quiet and active infants is difficult to determine. It can only be stated that before repression the overt expression and direction of the aggression varies in the two types. However, during analysis the aggression is evident in the same manner and degree in the unconscious productions of both types.

Another clinical approach that bears further investigation is the study of Rorschachs. Piotrowski (1950) and Piotrowski and Schreiber (1952) pointed out that in the Rorschach of Rose, at nine years eleven months there were many responses despite her depression—probably an indication of an Active Congenital Activity Type. However, the Rorschach of Kate at eight years seven months showed finally that she had two conflicting trends of which the compliant one was the stronger, and secondly suggested a physically quiet child who prefers to withdraw when anxious. Dr. Joseph Levi was also able to reconstruct the Congenital Activity Type from the Rorschachs of the two quiet adolescents above (Levi and Kramer, 1952).

Another valuable addition to the research on this subject would be for analysts to attempt to get very early historical material on their analytic patients. Pooling these findings and then studying them in

* Personal communication from Dr. Leo Bellak.

connection with later clinical pictures, might contribute considerably to dynamic psychology.

SUMMARY

Some hypotheses have been presented on the possible role of the Congenital Activity Type in personality development. These have been based on clinical observations of many cases in psychoanalytic treatment and direct observations of some two hundred newborn infants.

Bearing in mind the difficulty of obtaining sufficient evidence for these hypotheses at the present time, we have nevertheless explored the role of the Congenital Activity Type in (1) the parent child relationship; (2) psychosexual development; (3) ego development; (4) defense mechanisms; and (5) predisposition to pathology.

Since every condition is overdetermined, we can only say that the Congenital Activity Type is one of the many etiological factors in personality development.

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PSYCHOSEXUAL DEVELOPMENT

MASTURBATION IN THE LATENCY PERIOD¹

By BERTA BORNSTEIN (New York)

In 1912 Freud concluded a *symposium on masturbation* with the statement that the subject of onanism is inexhaustible. Of necessity I can focus only on a few points, mainly on masturbation in the latency period, its varieties, and their consequences.

Many facts to which I will have to refer are, of course, well known, for instance, that the psychoanalytic definition of sexuality is not limited to genital activity, that sexual life does not begin at puberty but rather is clearly manifested soon after or at birth, that we divide it into the oral, anal and phallic phases, that infantile sexuality reaches a climax after the fifth year, after which the so-called latency period sets in, and further that an amnesia covers the early sexual experiences.

We define masturbation as autoerotic manipulations of the genital as well as of other erogenous zones. By erogenous zones we understand 'a portion of skin or mucous membrane in which stimuli produce a feeling of pleasure of definite quality' (Freud, 1904). Manipulations of such zones lead to a discharge of instinctual tension and provide pleasure. According to Freud (1904)

sexual excitement originates (a) as an imitation of a gratification which has been experienced in conjunction with other organic processes (like intake of food or elimination) (b) as the appropriate peripheral stimulation of erogenous zones (c) as an expression of some impulse, like the looking and cruelty impulses, the origin of which we do not yet fully understand [p. 599]

In the very beginning the oral zone plays the most important role in the stimulation of autoerotic activity. Feeding satisfies the infant's hunger and simultaneously provides sexual pleasure. It is this sexual pleasure which we assume the child experiences also in thumb sucking. The facial expression of an infant falling asleep after feeding or after

¹ Lecture delivered March 23, 1953 to the Connecticut Postgraduate Seminar in Psychiatry and Neurology, Yale University School of Medicine, New Haven, Connecticut.

thumb sucking has often been compared with the expression during orgasm experienced in genital activity. While sucking the thumb, many children rub certain parts of their body and thereby discover new erogenous zones. During these chance manipulations the infant may discover his genitals and, as early as in the fifth or sixth month, may experience the pleasurable sensations which this zone provides. However, only toward the end of the first year, when a more purposeful genital play can be observed, does it seem that the genitals take the leading role.

This first phase of genital masturbation usually does not last for too long a period. Along with new maturational achievements, a new libido distribution takes place. The oral zone retains for some time its significance as a pleasure providing zone, but the anal zone becomes increasingly important as a pleasure providing area. The voluntary holding back of feces in order to gain sexual pleasure from the contractions of the sphincter is a well known phenomenon in early childhood. During this period a great deal of pleasure is likewise derived from other muscular activities. Oral, anal, and general motor activities become for some time more important than genital masturbation.

Just as thumb sucking was promoted by the excitation of the oral zone in feeding, genital play is promoted by excitation of the genital zone. Such excitations occur as an accompaniment of urination, defecation, and cleaning of genital and anal areas.

While it would appear that sexuality in general is dependent upon prior gratification experienced in connection with some vital function, this sequence is not an inevitable one. Usually it is the vital function which awakens sexuality, but sexuality is structurally present and can be independently evolved. We know, for instance, that children occasionally start thumb sucking even before the first feeding occurs, i.e., before they learned that particular pleasure, and that, as Freud (1904) says, no seduction is necessary to awaken the sexual life of the child, that such an awakening may come on spontaneously from inner sources (p. 592).

Spitz and Wolf (1919) in their paper on Autoerotism state that 'the factor responsible for genital play during the first year is not only a local physical one but an emotional one, that a close and balanced mother-child relationship [is] an important pre requisite for the development of genital play during the first year of life' (p. 99). Thus their findings confirm Freud's hypothesis (1904) that 'it is through the mother's emotions which originate in her own sexual life that the child learns to love. (What Spitz and Wolf mean is that the affection which a normal mother displays when she feeds and cleans her child contributes to the child's instinctual and social development.)

It is interesting that the observations of Spitz and Wolf show that infants who definitely had been seduced did not develop genital masturbation at the end of the first year. Their exclusive autoerotic activity was rocking and the authors assume that this is indicative of the children's pathology. They further state that rocking is a frequently observed activity at an earlier age (five or six months) when the child is not yet capable of forming an object relationship and when genital masturbation is only an occasional occurrence. Rocking at this early age is not considered pathological by them. However, when rocking occurred at the end of the first year to the exclusion of genital play the child's emotional relationship with his mother was found to be disturbed. Studying the personalities of the mothers of those children they found that these women were characterized by strong unpredictability which prevented the formation of the child's normal object relationship. I repeat that in contrast to this they found that genital play in the later part of the first year and during the early part of the second year of life appears when the mother-child relationship is positive.²

Genital masturbation subside in the course of the second year. It recurs in the phallic phase approximately between the fourth and sixth years, when infantile sexuality reaches its height and quickly approaches its decline. During the phallic phase the child's sex life resembles that of adults in two respects:

- (1) In the leading role which the genital now definitely plays,
- (2) In the relationship with the love object toward whom the child displays complicated emotional reactions.

The one great difference between the phallic sexuality of children and the genital sexuality of adults is that the female organ plays no part in the former. As a rule neither sex can discover the existence of the vagina—one of the reasons why children's sexual investigations regularly fail.

It is in the phallic phase that as Freud says the path of the sexes is divided. At this time the boy enters the oedipal phase and his masturbatory activity is accompanied by desires and fantasies about his mother. Threats of castration which no child can escape, become effective when he finally convinces himself that girls do not possess the organ in which he had taken such a narcissistic pride. The combination of castration threats and sight of a female genital represent the greatest psychic trauma.

² The paper by Ernst Kris (1951) on "Autoerotic Activities" and that by Jeanne Lampl-de Groot (1950) on "Masturbation" appear to contradict Spitz's and Wolf's findings. This is however not the case actually both authors confirm what Spitz and Wolf have said.

for the boy This trauma determines the motives for attempts to give up masculine desires toward the mother and eventually results in the repression of the incestuous drives and the struggle against masturbatory activities

The little girl in the phallic phase behaves at first like the boy, harboring strong active wishes toward the mother which are accompanied, as far as we know, by clitoral masturbation The little girl, too, refuses to accept the sex difference, although it is harder for her to deny its existence She feels resentful about her lack of a penis and may develop feelings of inferiority She holds her mother responsible for her misfortune and transfers her love to her father in the hope that he may provide her with the desired organ At this point clitoral masturbation often ceases The girl may either repress her masculine strivings and suspend sexual gratification altogether, thus avoiding the repetition of the narcissistic injury which the recognition of her lack of a penis means to her, or she may not repress her masculine strivings and remain forever in constant rivalry with men In either case she remains the victim of her penis envy A more favorable outcome is dependent on the girl's ability to tolerate and to strengthen her original passive drives and to channel her active masculine strivings into feminine sexuality

To summarize In contrast to the man, fear of castration does not cause the woman to relinquish the oedipus complex, but actually creates it Her oedipus complex subsides only slowly, after various disappointments

The way in which the child masters the oedipus complex proves important for further character development A partial resolution of the oedipus complex leads, via identification with the objects of the oedipus complex, to the establishment of the superego In one sense the history of the oedipus complex is the drama of the child's masturbation, for he is forced to live out his struggle mainly in autoerotic activities

At the end of the oedipal period the forceful repression takes place which leads into latency This period is characterized by the strictness of the superego—a strictness which finds expression in the child's struggle against masturbation The repression of genital impulses is at this time not sufficiently strong to prevent an occasional breakthrough of the drives Therefore, a further defense is adopted by the ego—a temporary regression to pregenitality

At first these pregenital drives appear less dangerous than the genital ones but they are threatening enough for the child to have to evolve new defenses against them Reaction formations develop as defenses against pregenital impulses and mark the first character changes in early latency

We may say that the first phase of latency³ (from five and a half to eight years) is complicated because of the intermingling of two different sets of defenses, the defense against genital and the defense against pre-genital impulses. The ego in early latency, still aware of the surging impulses and simultaneously threatened by the superego (which at this time is not only harsh and rigid but still a foreign body) makes the child react to the inner uproar with a heightened ambivalence. This ambivalence is manifested in behavior difficulties and a new formation of neurotic symptoms.

Unfortunately little is known about the course and rhythm of excitation and complete or incomplete gratification by masturbation in children between eight to ten years, not only because they repress and deny the occasional break through of masturbation and generally are loath to tell us about the details of their sexual life, but also because they are better equipped to deal with their insinuating impulses. Therefore their need for 'confession' in analysis is far less pronounced than during the earlier years. Psychic maturation aids the child during the second period of latency. The ego is exposed to less severe conflicts on the one hand, because sexual demands have become less exigent and on the other, because the superego has become less rigid. The facts that the child is now more oriented toward the outside world, that he has more gratifications in reality, and, last not least, that at this time sexual energy can be successfully deflected from pregenital aims and utilized for sublimation, seem to explain the reduction of conflicts around masturbation.

A less successful solution of masturbatory conflicts in latency consists in a striking increase of anxiety. It was originally Freud's idea that an insufficient discharge of excitation manifests itself as anxiety, that the damming up of libido—as observed in coitus interruptus and masturbation—results in symptoms of neurasthenia or anxiety neurosis. Later on Freud abandoned his idea that undischarged libido is converted into anxiety. In *The Problem of Anxiety* (1926) he stressed that anxiety must be considered a danger signal which arises when the ego is unable to cope with the state of dammed up libido. Not every individual however, reacts to a state of dammed up libido as to a traumatic situation: this is only the case with the very immature child or the neurotic person for whom a direct and adequate sexual discharge or sublimation is impossible.

Experience with children in latency confirmed the expectation that the less severe the neurosis, the less distorted are the child's occasional

³ In a previous paper two phases of the latency period were distinguished (Bornstein 1951).

masturbatory activities, and the less paralyzing are the ensuing feelings of guilt.

Neurotic boys between six and eight often consciously fear their erections and describe them as unpleasurable or even painful. These boys experienced the subsiding of erection as a proof of castration and for that reason refrain from masturbation and discontinue handling the penis even when urinating.

Other children, due to castration anxiety, have learned to interrupt their masturbation before they can reach a climax. These children cannot complete their masturbation fantasies and their tendency to interrupt their sexual activities frequently extends to other nonsexual areas.

A six-year-old girl regularly interrupted the following masturbatory fantasy: she saw herself as a queen living in the stump of a tree and putting a baby to her breast. Just at the point of the fulfillment of her deepest longings, the baby would suddenly fly into the air, screaming, "Oh, oh, what is happening to me!" At the same time the child felt that the whole world was changing and perishing.

This example illustrates the tendency to interrupt a pleasurable fantasy in order to avoid orgasmic sensations, which are nevertheless symbolically manifested in her feeling that the world comes to an end.

A ten-year-old girl characteristically interrupted every pleasurable activity, every game, regardless of whether she was to win or lose, every conversation and every fantasy. She confessed that it was not masturbation but specifically its climax which she feared. She compared the climactic sensations to those she had experienced in feverish states. The climax was dangerous: it might lead to sickness and death.

Children who interrupt their activities show a tendency to constant preparation. Here an anal-erotic factor is clearly recognizable: the fore-pleasure has become more valuable than the end pleasure. Children who consume most of their energy in preparation for play and work impair the ultimate accomplishment. They behave as they did in the anal-sadistic phase when the withholding of feces was more pleasurable than the act of defecation.

As far as I could ascertain from latency children in analysis they usually do not seem to experience orgasmic sensations comparable to those of adults—not even at the end of their analysis when they appear to be far less neurotic. Limited orgasmic gratification is apparently a normal phenomenon in the latency period, more so among boys than among girls.

Only in three cases, all of them girls did I learn about intense orgasmic sensations connected with masturbation. These girls had experienced the orgasm with an acute sense of bodily changes, sensations of dizziness which left them with a feeling of confusion.

These patients had similar masturbatory techniques, fantasies, and defenses. These three girls who refrained from manual masturbation obtained their strong orgasmic sensations only by thigh pressure, in which I assume that vaginal sensations were involved. The conscious fear and shame of these children was related to their orgasmic sensations. One ten-year-old child when giving descriptions of her experiences, was overcome by an outburst of tears and excitement convinced that these orgasmic experiences were a sign of craziness.

The occurrence of orgasmic sensations is accompanied by particularly impenetrable defenses. All three patients displayed a particularly strong resistance to the subject of masturbation during their analyses. Their main defense was a crude denial of facts which was ultimately related to their orgasm.⁴ A projection of their hostile feelings was not rare. They were in constant anticipation of some catastrophe and, therefore, carefully observed reactions of others.

Some children—like some adults—seem to be particularly irritable when they abstain from sexual gratification. These people are characterized by a particularly low threshold for frustration in general. Paul Federn, in the 1912 Symposium, drew our attention to the fact that a general inability to tolerate frustrations is a sign of a neurotic disposition, a point of view which is still maintained today.

We know that feelings of guilt cause masturbation to be unsatisfactory. There is a circular mechanism: the lack of satisfaction in masturbation and the resulting damming up of libido causes further and excessive masturbation which often must be considered as a compulsive symptom. Behind the desire for sexual discharge we regularly discover a defensive attitude of the ego: an attempt to ward off the fear that the genital has been injured during masturbation.

This became evident in the analysis of tic-like movements of the head in a six-year-old boy. The conscious motivation for this symptom was the desire to find out whether this head shaking would provoke a headache or would make it disappear just as his former masturbation had to prove to him that his penis was intact in spite of his aggressive pulling on it whenever he had felt any sensation which reminded him of erection.

⁴ Cf. similar cases described by Greenacre (1931).

In such cases the relief brought about by the reassurance never lasts long. Guilt, fear and the need for punishment, set in again and make the repetition of the act necessary.

The fight against compulsive masturbation or the masturbatory equivalents often results in a severe insomnia which children try to keep as secret as they had kept their masturbation and the struggle against it.

Betty for instance at the age of nine was so ashamed of her insomnia that she lived in constant fear her paleness might betray her secret. She burst into tears whenever anyone referred to it. Once when she had an insignificant sore on her knee she anticipated that her school friends would make fun of her and after the extraction of a tooth she was convinced that the physical education teacher would reproach her for not having taken better care of her teeth. Her anticipation of being shamed was eventually understood in connection with her masturbatory equivalent a merciless biting of her fingernails. Earlier she had bitten her toenails also. Several infections on her toes and subsequent therapeutic measures as well as the doctor's kind admonition about the possible danger of toe infection affected her as if they were threats of punishment for masturbation. Betty had tried hard to desist from nail biting but her attempts remained unsuccessful because the repressed and therefore unsatisfied genital impulse could not find an adequate discharge in nail biting. The result was the symptom of insomnia.

Frankie who was in analysis for three years during the age of five and a half to eight and a half² gave me some insight into the connection of the problems of insomnia and lack of gratification in the masturbatory equivalent. Although he assured me that masturbation had never occurred in his life and although his very observant parents had no knowledge of his masturbatory activity allusions made in his play during analysis permitted the assumption that his unusually strong castration fear was connected with masturbatory activities. This could also be deduced from some of his symptoms for instance his fear of wolves. These wolves who lived under his bed observed all his movements and might snap at his fingers though they permitted him to go to the bathroom. Frankie was one of those many little boys whose castration fear prevents them from touching the penis during urination. We eventually learned that the retention of urine which served to prevent him from touching his penis served likewise to bring about erections without any manipulation of the penis.

During the analysis of his insomnia I could observe the onset of obsessive symptoms. He explained that he could not fall asleep because he was bored. In order to avoid boredom in bed as he called it, he had crowded his bed with a variety of toys. Unfatigued he manipulated the toy vehicles, cards and play money for hours. When I interpreted his need for toys as a means of assurance against manual masturbation he strengthened his defense

² For the complete presentation of Frankie's analysis see Bornstein (1949a).

against it by developing a *touching taboo* of his toys. He substituted obsessive thought operations for the handling of his toys. The fantasies which accompanied these obsessive thoughts likewise emphasized the taboo of touching. They were centered on the automatic working of imaginary machines.

He imagined a truck or train or a passenger car going over a bridge. Up up the hill and slowly slowly down. To the question of how his penis behaved during these fantasies he answered: *It goes up and down again just as I want. I try not to let it drop.* And we learned that he tried to direct the descent of vehicles carefully so that the erection should not subside too quickly.

Eventually we learned that the child had earlier derived some pleasure from contractions of the pelvic muscles, an activity in which, as he told us, he indulged for hours and which we must consider as a masturbatory equivalent.

While Frankie had refrained from using his hands for masturbation, he could not refrain from grabbing and destroying possessions of his own as well as those of adults. The uncontrollable outbreak of sadism and aggression, which was expressed in the smashing of objects, may well symbolize the destruction of his own genital if he were to touch it.

Usually masturbation equivalents (nail biting, scratching, head banging) are considered just as *naughty habits*. Tausk (1912) correctly considers them as true masturbatory acts which can only be understood in terms of revival of earlier sex activities, involving various erogenous zones. He believes that they often represent a starting point for later perversion, particularly so if the sadomasochistic component is very strong.

In Betty's as well as in Frankie's case the blocking of sexual satisfaction, which had resulted in the symptom of insomnia, had led to a considerable regression from the genital phase to the anal sadistic phase. The form of their regressive expressions cannot be demonstrated in detail; I only want to mention that we found in Frankie's case that the sadistic and aggressive outbreaks surreptitiously served opposite aims, namely, those of passive and masochistic gratification.

Betty, the merciless nail biter, had turned the aggression far more directly toward herself than Frankie. Not only did Betty inflict injuries to herself when biting her finger and toenails, but she admitted extensive masochistic fantasies, though severed from the activity of nail biting.

Here I would like to mention that some masturbatory equivalents are characterized by an even deeper regression than mentioned in the cases of Betty and Frankie. In two cases I had the opportunity to observe that the masturbatory equivalent was accompanied by an increase in narcissistic libido.

For instance, an eleven-year-old girl proved her libidinal interest in her own body by caressing her legs and arms. Though she looked with real infatuation

at her extremities she often was unaware of her caressing actions nor was she aware of any fantasies which accompanied them. At other times this girl—who was a well proportioned child—spoke with disgust about her fat body. We learned that at the age of nine her intense penis envy had led her to consider her own sex organs as disgusting and that she had given up genital masturbation long ago.

It is not surprising that this same child had transferred her strong narcissism from her body to intellectual achievements. Here too she oscillated between a tendency to be boastful and to overrate herself and on the other hand to belittle whatever she accomplished. Such a strong narcissistic investment and such complete libidization of her activities interfered with her ability to form satisfactory object relationships. She needed people only in order to be admired. Even a sadomasochistic fantasy served this purpose although it usually aroused the strongest feelings of guilt.

The patient herself could not remember any genital play. This was particularly interesting in view of the fact that her parents had witnessed some masturbatory activity even at the beginning of latency and that she remembered having been reprimanded for her exhibitionistic display of her genital. Nevertheless she was unable to accept the idea that she who took such a narcissistic pride in her strong moral convictions and also in her excellent intellectual functioning could have indulged in such distasteful activity and moreover could have forgotten anything referring to her life.

Eventually the narcissistic libido with which she had cathected her own body and mind was transferred to her father of whom she had felt so much a part that it hardly mattered whether she overrated or belittled him or herself.

This case permits the illustration of several aspects which are important for our topic.

- (1) It confirms that sexual equivalents represent a regressive substitute for genital masturbation,
- (2) that the person carrying out those equivalents is not aware of their meaning and
- (3) that these equivalents are not necessarily connected with any specific sexual fantasy
- (4) that the sexual fantasy can be completely severed from the act.

It is evident that the suppression of masturbatory acts which results in a regressive substitute must have pathological effects on character development.

I must say here a few words in general about the fate of the masturbatory fantasies which originally accompany the act. The content of masturbatory fantasies varies according to the main fixation points. At the end of the phallic phase and the beginning of latency the incestuous fantasy undergoes far reaching transformations. Usually one particular

fantasy remains the main carrier of sexual excitement through latency and sometimes throughout life. As we said before it is in latency that the child's struggle against both the act and the fantasy sets in and also that occasional break throughs normally occur. In favorable cases in which this is the case it is not too unusual that the accompanying fantasy is not repressed and that for some time two editions of the masturbatory fantasy coexist: one in its crude form accompanying the act and the second in a completely modified version which is separated from the act. Because of its modification it does not betray its origin to the child and is for that reason acceptable to him. As long as the masturbatory fantasy is attached to the masturbatory act it does not interfere with the child's behavior and with his adjustment to reality. However it is not too rare that the fantasy appears dangerous to the child because it easily arouses the desire for the act.

In cases in which the ego is abnormally successful in suppressing the act the fantasy may still linger on for some time and when normal break throughs do not occur the fantasy has no bodily outlet. The libido and the aggressive energy which otherwise would be discharged in the act may under such conditions permeate ego activities and intrude into the relationship with the outside world.

We see in such cases that the child finds himself constantly caught in certain situations like being abused by others or just assuming that this is the case. There are many more possibilities which Anna Freud discusses in her paper on *Certain Types and Stages of Social Maladjustment* (1948).

Compulsive nagging quarrelsomeness and general provocative behavior may be the dramatization of sadomasochistic fantasies which have been severed from the masturbatory act. Frequently we find that the excitement is the only residue of the substitute for the relinquished sexual activity.

A compulsive talking and continuous excitement, an exaggerated interest in agitating events into which harmless happenings from school and home were elaborated, proved likewise to be residues of masturbatory fantasies which were not conscious. The excited talking of a particular child proved to be the imitation of her mother's agitated talk during intercourse. Probably among all the terrifying observations during intercourse the mother's familiar voice had been a reassuring sign. This child recalled in her analysis that her early masturbation had been accompanied by the recital of nursery rhymes.

The illustrations mentioned above may create the impression that such details are easily told by children. This of course is not the case.

for even when the child is willing to talk he can often reveal only very heavily distorted material. The child analyst learns in daily hard work that it needs an unusually long period of analysis before children are capable of telling him any of their particularly guarded secrets. He knows that it is dangerous to pry into these matters. Long before he can approach the subject of masturbation, he tries to deduce from the child's total behavior particular defenses which he only very gradually interprets to the child.

From fluctuations of moods and feelings we can sometimes deduce the present phase of the child's struggle against masturbation. His haughtiness may signalize victory, a general slump in effort may indicate that he has failed, the depression about a toy which is spoiled may indicate a deep-seated castration fear, the conviction that masturbation has spoiled the penis.

Also the form of masturbation can sometimes be deduced from behavior or specific symptomatic actions.

A boy who had particular difficulties in speaking about his form of masturbation betrayed it in a play with his fingernails. He cleaned them and pushed the cuticles up as if he were performing a holy ceremony, which absorbed his complete attention. He betrayed in this way some of the conflicts which he experienced in regard to retracting his foreskin.

The theme of erections appears sometimes disguised in magician games. Exhibiting and hiding are in those instances the indication of the child's preoccupation with erection.

In what I have said the importance of adequate sexual outlets for mental health is implied. Since we have been talking of children, we must mean that some undistorted masturbation is necessary for the normal development of the child. This brings up the problem of the attitude which parents should take toward children's masturbation.

I shall refrain from discussing the question of abnormal masturbatory activity, for instance, compulsive masturbation, and simply say that this is one of the indications for therapy for the child. Here I should like to deal with the attitude that parents should be helped to take toward normal autoerotic activities. In general, what should be done will, of course, depend upon the age of the child, specifically, upon the phase of libidinal organization through which the child is passing. With prelatency children, the rule must be to allow that unknown but optimal amount of libidinal gratification. In the oral phase, a more direct gratification is not only permissible but necessary, both because of the weak ego organization and because adequate oral gratification is the foundation for later ego and libidinal organization. In this phase as in other and subsequent

ones there is a danger of overgratification, or, to be more specific, of prolongation, with its resulting fixation. For anal erotism, where gratification is equally necessary, it is only partially possible in undistorted form, here we must guard against too early bowel training in order to permit sufficient gratification. We should bear in mind that at the height of anal erotism, the child's ego is sufficiently developed so that he can perceive and identify with the parents' attitudes. The child will carry forward this identification into the phallic phase in an inflexible form, and he will tend to judge in later life his genital activity in terms of his parents' attitude toward his anal erotism. After bowel training is instituted and effected, sufficient opportunities should be afforded via derivatives: finger painting, sand play, and messy play in general.

At the height of the phallic phase a healthy child's impulses should be respected. In any event, they will override the attempts to interfere with them. Severe prohibitions against masturbation at the beginning of the phallic phase may interfere with normal genital sexuality.

In latency, a paradox is evident. The child should occasionally masturbate, should nevertheless consciously attempt to withstand the breakthrough, but should not be preoccupied with the struggle. Some light twinges of guilt, which in prepuberty are looked upon with some benign introspective knowledge of the inexorability of instinctual life, should manifest themselves.

In order to help the child toward proper equilibrium in latency we do well to recall what Freud says about this period in which psychic forces develop which later act as inhibitions on the sexual life and narrow its directions like dams. Freud (1904) refers here to reaction formations like disgust and shame and moral aesthetic ideal demands. We may gain the impression that the erection of these dams in the civilized child is the work of education, and surely education contributes much to it. In reality, however, this development is organically determined and can occasionally be produced without the help of education. Indeed education remains properly within its assigned domain if it strictly follows the path laid out by the organic and only imprints it somewhat cleaner and deeper. (p. 583)

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CERTAIN RELATIONSHIPS BETWEEN FETISHISM AND FAULTY DEVELOPMENT OF THE BODY IMAGE

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I

This paper aims to present certain considerations regarding fetishism, especially from the angle of its relation to defective development of the body image. At a later time I plan to present a second paper indicating some probable connections between fetishism and certain forms of drug habituation.

We may define fetishism as the obligatory use of some non-genital object as part of the sexual act without which gratification cannot be obtained. The object may be some other body part, or some article of clothing or less frequently some more impersonal object. In most instances the need is for possession of the object so that it can be seen, touched, or smelled during or in preparation for the sexual act whether this be masturbatory or some form of intercourse. In some instances it is not only the possession of the object but a ritualistic use of it which is essential. Fetishism is a picturesque symptom but one which in its well developed form does not come very often under the scrutiny of analysis. Freud (1927) early remarked on this and stated that fetishists often regard their practice as abnormal but not as a symptom. Most of them manage some way in their sexual life in fact the fetish may be the cornerstone for the maintenance of sexual activity. Indeed in reviewing all of the clinical cases reported in the psychoanalytic literature there was only one in which fetishism was the presenting symptom and here it was because of the peculiar nature not only of the fetishistic object but of the fetishistic act, involving the obligatory cutting of the wife's hair during the sexual act. It was largely the wife's rebellion rather than the direct discomfort due to the symptom per se that brought the patient to treatment (Romm, 1919).

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A compilation of cases reported by other authors (Abraham, 1910, Bergman, 1947, Bak, 1953, Harnik, 1932, Kronold and Sterba, 1936, Lorand, 1930, Vencovsky, 1938, Bonnett, 1952, Fentchel, 1945, Freud, 1917, Gillespie, 1940, 1952) as well as three cases of my own experience, indicates certain common denominators in the qualities of objects chosen. Foot and shoe fetishes are most frequently mentioned, corsets also are common, hair and fur rather less frequent than one might at first expect. Rubber and leather goods, and articles with lacings and ties, ropes or thongs, and shiny, smelly objects are the ones most often described. In general it may be seen that the objects are closely related to the skin and particularly to odoriferous skin, only occasionally the odor itself seems to carry the fetishistic quality. But thongs, laces, and straps (on shoes, corsets, and in self-tying rituals or attacks on others) are noteworthy. The relation of the fetishistic ritual to other elements of the sexual behavior varies considerably. In some patients fairly competent sexual activity—either homosexual or heterosexual—was maintained parallel with the need of fetishistic support to the act. It seems that the need for the fetish appeared early and that none could go for long stretches without recourse to the fetish, to reinforce an insecure sexual structure.

A patient whom I studied for a considerable period was somewhat atypical in that he was what one might call a marginal fetishist. He was a physician of thirty-five who sought analysis for other reasons than the fetishism and in fact neither complained of it nor considered it especially noteworthy. It had been conspicuous only in his teens and early twenties and had appeared in two different forms: women's silk underwear and later corsets. Of his early history it is significant that his mother made much of her injury at his birth, evidently a severe tear with resultant prolapse of the pelvic organs. She was a pleasant but rather restrained woman who was attached to her son but did little for the physical care of her child, which devolved rather upon a maiden aunt who lived with the family and shared a room with the patient until he reached puberty. The household was rather overloaded with female relatives, the patient and his father being the minority sex. In his infancy he had had recurrent attacks of generalized furunculosis which necessitated some lancing and much swabbing in bandages. After he reached school age his health was good except for an attack of acute appendicitis at puberty for which he was promptly operated on. His father was a successful active but rather unstable country doctor, who during the patient's early childhood had his office in the home. There was much to indicate that the child had even in his earliest years gone into his father's consulting room and had seen minor operations and examinations. Before he started school he used also to make rounds of calls with his father and wait in the car while the father attended his patients. His mother had a hysterectomy when he was about six. The fantasies of this combined with his own early sur-

gical experiences his observations about the father's office and the accounts of the damage his birth had done to his mother formed the basis for early sado-masochistic masturbatory fantasies. During the latency period these were acted out in play with other children with mutual trussing binding and torture threats.

At other times he dressed in his mother's clothing and paraded in front of a mirror, in order to make fun of her (This is quite interesting as it uses play in the female clothing both for identification and an attempt at repudiation). At the time of the appendectomy at puberty while still in the hospital he seduced his nurse to sleep with him. This was certainly patterned after his father who was then carrying on an affair with his office receptionist but it was also a very clear and almost conscious reassurance to him that his penis had not been injured by the operation. The reassurance was not lasting however and he began a period of compulsive masturbation with fantasies based on the story of *The Pit and the Pendulum* which he had recently read. This period of his boyhood was a miserable one. There began also episodes of peeping in which he had a feeling of phallic power and conquest in looking would become aroused but must have a piece of feminine silk underwear in which to masturbate afterward. At about eighteen he began relations with girls but was partially impotent until he found that he could be more successful if the girl wore her corset or girdle during the intercourse. He especially preferred stiff corsets or boned girdles. This species of fetishism lasted until his marriage in his early twenties when it terminated partly because he could not bring himself to confide this need to his wife and could only be sure of success when he managed to trick her into co-operation.

The patient was a bright man but very detached and with much energy bound up in his unconscious fantasies. He did reasonably well in medical school where as became evident during the analysis he had many latent fantasies of changing boys into girls and vice versa. Consequently he became an endocrinologist and practiced his specialty for a few years before the war.

His marriage was to a socially desirable young woman with whom he seemed to have almost no real emotional relationship. The marriage soon deteriorated and the patient began to drink, at first sporadically and then almost daily so that most evenings found him more or less ethylized. In this period there were episodic recrudescences of the voyeuristic exploits about which he now became terrified lest he be caught and disgraced.

The outbreak of the Second World War gave him a way out. He enlisted promptly. Here he had a brilliant army career as an organizer of medical services. He did almost no regular medical work but was engaged wholly in planning at which he proved to have real talent. There were occasional lapses into alcohol during which he would sometimes blank out and there were rare voyeuristic masturbatory episodes. This period in the army however was the best of his adult life safeguarded by the intensification of earlier compulsive character traits. During this period and still present at the time of his analysis was an interesting derivative of his earlier disturbance: he had a complete collection

of *Life* magazine from the earliest issue. He spoke of this at first only as a hobby of which he seemed unduly proud. It became clear, however, that there was an extreme compulsive force back of this. Marked anger or anxiety with fear of death would arise if he seemed in danger of losing or missing one issue of his magazine. There was a neurotic need to see and to keep *Life* with all its pictorial embellishment from its very beginning.

One is impressed with the fact that mild forms of fetishism are probably quite common and do not appear as particularly strange, although the severe fetishist is dramatic in his bizarre and fantastic quality.

It is interesting to trace the development of Freud's ideas about fetishism. In the *Three Contributions to the Theory of Sex* (1904) he mentions that a certain degree of fetishism regularly belongs to the normal, especially during those stages of courtship when the normal sexual aim seems inaccessible or its realization is deferred. He thought that the selection of the special fetish was determined by sexual experiences (traumas) of childhood, and he postulated a constitutional predisposition, "an executive weakness of the sexual apparatus." In 1927 he stated categorically that the fetish represented the substitute for the mother's phallus which the little boy once believed in and is unwilling to forego, maintaining this belief through the fetish at the expense of energetic denial of the actual situation. The fetish is "the token triumph over the threat of castration and a safeguard against it." He also considered that it might safeguard the fetishist against being homosexual (or, we might say, from

psychoanalytic concept and the subsequent later emphasis on *fetishism* in relation to the sense of reality and the split in the ego

Abraham in 1910, between the two statements of Freud just given, writing about a case of foot and corset fetishism, also considered the constitutional elements, but emphasized rather the positive strength of certain component instincts. True to the period he was interested chiefly in the mechanisms, here emphasizing displacement and partial repression. He also believed that the prognosis was better in the neuroses with fetishistic symptoms than in cases of fetishism as a clear perversion.

During the 1930s there were occasional references to *fetishism* though no very extensive study. Most important are the papers of Glover (1933), Fenichel (1930, 1931), Payne (1939), Balint (1935) and Freud's (1938) own paper on splitting of the ego in the defensive process. Subsequently there are two interesting papers by Gillespie, one published in 1940 on *fetishism* and one in 1952 on perversions in general with special reference to *fetishism*. There have also been Bak's paper (1953) and some clinical reports (Wilson, 1918, Wulff, 1916) in addition to those which have already been referred to. These dealt mostly with the relationship of *fetishism* to the reality sense and the development of the ego. Glover's article on 'The Relation of Perversion Formation to the Development of the Sense of Reality' (1933) emphasized the continued intensity of introjection projection mechanisms and the interference of this state with the developing sense of reality. He made the following interesting statements:

Adult objective reality self preservation apart, is not so much something we come to recognize as an inheritance from infancy—something we maintain possession of after it has passed through screens of fear, libidinalization and sublimation. When for whatever cause some form of infantile anxiety is reanimated in adult life one way of dealing with the crisis is the reinforcement of libidinal systems. This gives rise to a perversion. Perversions help to patch over flaws in the developing reality sense.

Glover remarked on the relation of *fetishism* to certain phobic states which he considered negative fetishistic phenomena. Fenichel (1930) chiefly dealt with the relationship between *fetishism* and transvestitism, emphasizing that the transvestite himself represents the phallic woman and at a deeper level the own penis is the introjected woman. Payne (1939) enunciated a special ego weakness which predisposes to castration fear, the fetishist remains orally dependent and in connection with the dependence develops conflicts around sadism. The longing for the fetish is a longing, she says, for 'good parents who may be introjected, and who will protect him against anxiety, at the same time it is a longing to

atone for the fantasied destruction of the parents" She also makes the simple but substantial remark that in the history of the fetishist are many events tending to increase his dependence on his parents. Freud's paper in 1938, an unfinished fragment, gives a lucid statement of his formulation of fetishism at that time. He emphasized the strength of the castration fear and considered that this might be increased by the juxtaposition in time of the seeing of the girl's genital, with masturbation by the boy, and direct castration threats following. He summarized the sequelae as follows: the boy then hallucinates a female penis, but allocates its importance to another part of the body which is subsequently transformed into a symbol. He continues to masturbate, but fears the father's punishment now for other things. Finally he develops a displaced castration fear, e.g. not wanting his toes to be touched. He stated the conflict as one between instinctual demand (which has been accustomed to gratification) and the command of reality as announced in a traumatic experience of intolerable danger. The child does not renounce gratification nor repudiate reality in general, but takes the fear as a symptom and then tries to divest itself of the fear. This causes a rift in the ego which does not heal and the two contrary reactions are the central focus of the split in the ego.

Probably influenced by Payne and the special formulations of M. Klein regarding primitive oral sadism, Gillespie's paper on fetishism in 1940 presented also much additional interesting material. He restated the problem of the crux of fetishism, now asking whether the castration problem though glaringly prominent, is the real focus of the disturbance or whether main dynamic force really comes from more primitive levels, i.e., from pregenital disturbances. He confirmed Payne's emphasis on the sadism and finally concluded that the castration anxiety of the fetishist was of a specifically weighted variety with a strong admixture of oral and anal trends. He also stressed the abundant overdetermination of the fetish—a fact which the present paper will reaffirm. In his 1952 paper on the same subject, he continued much where he left off in 1940, and made clear that he considered the splitting of the ego and the object not only prepared for by the persistent and strong introjection projection mechanism but by the development of such mechanisms as denial, omnipotent idealization and annihilation and considered that these mechanisms are not limited to schizophrenic patients. He concluded that an important difference between neurosis and perversion lies in the type of dominant defense: repression in the former and the primitive defenses enumerated in the latter. These latter belong, he stated, to an early stage of ego development when ego organization is imperfect and disintegration can

readily occur" He now reaffirmed his point of view that the castration complex, spectacular as it is, has arrived at this intensity because of earlier pregenital, chiefly oral developments. Thus overly sharp castration threat then causes a partial regression to oral sadism and to the primitive stage of ego development characterized by splitting. He believed that the 'exploitation' of the splitting mechanism in many different ways is characteristic of perversions in general. He then differentiated between a schizophrenic type of splitting of the ego in which all split parts remain at a primitive level of object relationship, and a perverse type of splitting in which part of the ego remains in good relationship with reality, while the other part, by virtue of the denial mechanism, clings to a [focal] psychotic delusion—as in fetishism. He made the further statement that *anxiety activated by the sight of the female organ is not merely castration anxiety in these cases, but is increased by latent pregenital factors which become reactivated only following regression*. (We italicize this statement for reference later in the paper.) In addition, Gillespie considered that the utilization of the inanimate object is determined by the defense against the sadism and the fear of the destruction of the object: the fetish is permanent, unchangeable, and nonretaliative.

Bak (1953) emphasized especially the earlier work of Freud as to the importance of the castration threat, denial of castration and the splitting of the ego. He stressed further (1) weakness of the ego structure which might be constitutional or the result of physiological dysfunction due to disturbances of the mother-child relationship, with increase in separation anxiety resulting in clinging to the mother as to a part—with erotization of the hands and predilection for touching, (2) fixation in pregenital phases—especially with emphasis on anal erousm and smelling—with respiratory introjection and scopophilia playing important parts, (3) the symbolic significance of the fetish corresponding to the pregenital phases in condensation, (4) simultaneous or alternating identification with the phallic or a phallic mother with a corresponding split in the ego, and (5) identification with the a phallic mother, creating intrastuctural conflict, and both separation from mother and castration being defended by the fetish. He further stressed what seems to me of great significance, that the castration threat is not merely from the outside (i.e. from the sight of the mother's genitals) but also from within from a strong desire to identify with her. This question of the relation of identification with the female arising before the phallic phase and not as a result of the oedipal conflict is especially important and will be elaborated on further in my own presentation of material.

This review of the main contributions in regard to *fetishism* is pecu-

liarily interesting not only for the development of the specific theories but for what they reflect of the development of psychoanalytic theory in general

II

Clinical Remarks

Utilizing the foundation work of others which has just been reported, this paper presents certain additions to the theory of the development of fetishism approaching its constellation of problems especially by a consideration of vicissitudes in the development of the body image. It has been remarked throughout that fetishism, like genital exhibitionism, is a condition limited almost entirely to males. I have myself had one rather atypical case in a female. While Fenichel states that the condition is rare in females, I have been able to locate only one other report, that of H. v. Hug Hellmuth in 1915. There are some allied conditions (e.g., kleptomania) which are characteristic of the female, and the form of pseudo drug habituation on which I hope to report at a later date is no respecter of sexual differences.

The material of this study is based on the three cases of fetishism in my own practice together with a compilation of all the cases which I could locate in the psychoanalytic literature. I have further drawn on the study of other severe disturbances of pregenital development in my own work in my effort to understand the evolution of the phenomenon of fetishism. It is noteworthy that fetishism as a symptom, becomes manifest usually quite early—often in late adolescence or early maturity, occasionally in puberty, and in a few cases it can be traced continuously back to the fourth or fifth year. It is nearly always associated, in the reported cases, with other manifestations of perversity and of instability of character especially with voyeurism, sadistic practices, homosexuality, and transvestitism, with which latter state it seems to have a special genetic connection. A review of the reported cases gives the impression of severe narcissistic as well as sexual disturbances. It is also noteworthy that there is frequent perhaps universal occurrence in these cases of compulsive masturbation which characteristically serves the purpose both of reassuring in regard to the possession of the penis and of attempting to get rid of it as a troublesome organ. It starts as an effort to verify the possession of the organ and ends with the re-establishment of the fear of its loss. The masturbation itself may be of a self-punishing type. Another characteristic of many fetishists is a condition which may be designated generalized castration hypochondria. This is a state which Freud hinted at in his

1938 paper on splitting of the ego in the defensive process, in indicating that the pre-fetishistic child might post-oedipally develop an aversion to having his toes touched. In its well developed form it is characterized by widespread, intermittent and shifting sensations as though certain body parts would be cut off or fall off—most conspicuously fingers, toes, upper and lower extremities, and teeth. One gets the impression in severe cases that the whole body is a genital, and also that any body part or protuberance may play the role of the genital and suffer the reaction to the danger of castration. It is, in the male, a condition of fluidity of genitalization of the body similar to some conditions in the female in which an illusory penis may occupy almost any body site. There is thus a peculiar predilection for the mechanism of displacement, especially in body terms.

Before turning to theoretical considerations I would present another sample of fetishism which contributed much to my understanding of the condition. This was the case of a man in his thirties who came into analysis because of other neurotic conditions. At the beginning of the analysis his sex life was characterized by the following symptoms: he had rarely consummated thoroughly satisfactory intercourse and then only under conditions in which he had been provoked to rather marked anger. He was however an energetic man who made persistent attempts. He had at this time also made no real relationship with any girl seemingly being so preoccupied with the genital problem that he could scarcely know the girl for herself. After a tolerably successful intercourse with a girl second attempts would generally be less successful and increasingly guilty. If he continued to see the girl she would become increasingly repulsive to him especially as his attention seemed inevitably focused on her body orifices. Even the pores of her skin began to be too conspicuous to loom larger and become repellent. He had a typical and moderately severe general castration hypochondria. At times he felt extreme pressure in his mouth as though a cloth were forced into it or as though a metallic object would break out his teeth; then again he would get sensations of having an opening—a kind of mouth vagina (a transverse slit which comprised mouth and Chinese vagina) located sometimes in the suprapubic region and sometimes in the perineum. This signalled impotence after which he gave up the current girl and went on the prowl hunting for a special type of girl obviously a prostitute figure but one who must wear a certain type of shoes. Association with such a girl or series of girls might somewhat restore his potency. Sometimes looking at pictures of girls in these shoes was sufficient. Gradually he found too that he could be more successful if he approached a girl from the rear and did not have to be visually or tactually too aware of the difference between them. He did not have to have the shoe actually present in the sexual act but still did not seem able to carry over the fantasy image for long periods of time and had to freshen it up or restate it, by seeing or touching the special shoes just before the intercourse. What seems striking here is that the young man gradually through vision and touch identi-

fied with the partner and took over her genital equipment to the extent of an illusory mouth-anus-vagina.

It may be permissible here to borrow another slightly contrasting case reported by Kronold and Sterba (1936). These authors presented two cases of ritualistic fetishistic masturbation in which a clear feminine identification occurred in the act of masturbation. It is not because of this feature alone however, that I have taken the liberty of quoting one case and shall return to it later in the discussion of the genesis of the condition. Kronold's patient was a student of twenty-four who came for treatment because of compulsive masturbation and aversion to women. He became sexually excited on seeing men roughhouse together. The compulsive masturbation was a ritualistic affair dependent on the patient binding himself in such a way that a rope passed up beside his penis and up to the buttocks. He also bound his arms and legs in such a way as to make a bundle of himself, roughly in a foetal position. He could then stretch his legs so as to exert pressure on the penis with the rope and so get an orgasm. He masturbated in front of a mirror, nude except for his carefully polished shoes. After carefully powdering and rouging his face, he covered his penis with a handkerchief. When he threw away his ropes he stole new ones from his mother. A modification consisted of hanging by a strap from the hinge of a door bound and head downward, and then getting pleasure by pressing his penis against the door.

I shall select only a few facts from this patient's life. He had a brother, born when he was four and a half, of whom he was intensely jealous and to whom he was subsequently overly devoted. He insisted on sleeping in bed with his mother and the new baby, helped his mother take care of it, sewed and crocheted and played with dolls. The exact date of the outcropping of the fetishistic masturbation is not clear but it is reported that this brother was the first object of his fettering and that he became excessively devout at ten but trusted up his cousin who played ministrant to him as priest. It would seem that he condensed all these proceedings upon himself in his own ritual some time later—perhaps with pubertal masturbation.

In this case one is impressed with the extreme degree of clinging response to the mother after the birth of the baby, followed by the identification with her. Although data of the first months is not given, the intensity of this response suggests something of the clinging, touching urge especially mentioned by Bak (1953). The character of the mother too would be of interest. In the form of the masturbatory ritual one sees that the ropes prohibit and procure masturbatory stimulation at the same time, that phallic woman, body phallus, and baby phallus are all dramatized in the single ritual, which is then both sadistic and masochistic. Furthermore, that the ropes not only swaddle the baby but package it as if to throw or send it away, that they are the mother's phallus (he steals them from her repeatedly), but that they are further the priest's

cingulum and the umbilical cord Furthermore, the accessory ritual of hanging head downward from the door hinge suggests not only the detumescent penis, but the act of birth itself (We would be interested to know in this connection whether the birth was at home and the child had more than ordinary inklings of what went on at the time) He succeeds also in reproducing his version of the primal scene by doing this miracle of condensed ritualistic fugue before a mirror I should like, however, to note especially the handkerchief over the penis whether this is not only a reinforcement of foreskin, but of eyelids in addition—a symbolic denial of vision in which the ability to see, however, is maintained The primitive type of visual incorporation balanced by its opposite, primitive denial, is richly evident. This case also obviously stands somewhat between ordinary fetishism and transvestitism

With this introduction, it seems natural to tackle the problems of fetishism from the angle of the body image its mutability, its pliability, its peculiar capacity to register and re-express memories with a sublimely economic condensation, like a somatic fugue

The problems of the genesis of fetishism up to this point may be summarized as follows Is it an extraordinarily strong castration problem of the phallic oedipal period which is the focus of the disturbance and causes repression and splitting of the ego, generally without a total abrogation of the genital position, or is there already at the phallic phase a weakness in the pregenital structure with a rift in early ego development definitely forecast or present, which sharpens the castration problem and draws the primitive form of denial mechanism so readily into its service? I incline to this latter view based on the study of the clinical material available

A review of the actual cases suggests that there are two main eras of disturbances namely, those of the first eighteen months or so and those occurring at three to four years of age In considering the disrupting influences of the first era, we may again group them into early physical disturbances causing marked sudden fluctuations in body image or subjective feelings of this nature, disturbances of mother-child relationship which affect the sense of the infant's own body and leave an imprint on the early emerging ego, and third, the effect of early primary identifications In the second era I would especially stress the role of trauma, either through the continuation of chronic or recurrent traumatic conditions of the first era, or the occurrence of a severe, overwhelming castrating type of trauma which enormously increases and patterns the developing castration complex, and finally the changes of the phallic phase and the emergence of the bisexual identification becoming mani-

fest in the immediate postoeidipal period. The choice or determination of the fetish will also be discussed, and the relation to certain other conditions suggested.

Disturbances of the First Era (the First 18 Months)

It should be emphasized that at this time it is probably not in most instances the single traumatic event, but the existence of continuous traumatic conditions or the recurrence of severe traumas which produces effects of sufficient magnitude to dislocate the regular development of the libidinal phases and consequently the integrity of the emerging ego. Among the *traumatic conditions*, severe and/or continuous disturbances of the mother-child relationship are most noteworthy. Bak (1953) has already mentioned such a disturbance, which he described as resulting in a physiological dysfunction with increase in separation anxiety, so that the infant tends to cling to the mother as representing a part of itself, with resulting erotization of the hands and a predilection for touching. Such an infant would also have an increased touching/smelling pressure toward its own genitals but especially toward its stools. Another group of cases which are closely related to Bak's consists of those infants who are held in a state of appersonation—especially guilty, hostile, or anxious appersonation—by the mother, who may touch the child little, and when she does so, handle it as though it were a contaminating object and yet sometimes feel especially compelled to keep it always within her sight to be sure that nothing has befallen it. This is particularly true of some severely phobic mothers. One of the cases described by Gillespie seems to have probably had such a beginning. Here vision takes the place of touching, and a peculiar responsive hypertrophy of visual activity with a ven for touching occurs in the child in which there is an uncanny reaching out with the eyes which is persistent. On the other hand, the deficient handling or cuddling of the child gives it inadequate surface stimulation and warming, and the body surface may not be well defined or secure in the central image.

In understanding the development of this first year or eighteen months of life one must recall that during the first few months, roughly the first six, the mouth and lips seem undoubtedly to be the focus of the most differentiated and sensitive sensations and are used for pleasure and exploration above any other body part. They furnish the paradigm for other incorporations. In addition tactile sensations (warmth, stroking, firm holding), supplemented by superficial kinesthetic responses and smell probably furnish the bulk of the sensory life of the infant, with hearing

and vision playing extremely variable roles (worthy of special study of their own)

With the sitting up of the child and the development of focusing of the eyes and more precise arm and hand movements, much of the exploratory activity of the infant is switched from mouth to prehensile vision and arm hand activity. That the ratio of participation of orality vision hand touch must vary considerably in different infants is obvious. It might parenthetically be suggested, however, that the differences in these ratios are extremely fateful in contributing to the forms of later developments. Thus far we have spoken then only of gross and persistent disturbances in mother child relationship which form the background for a severity of many later developments.

The other group of significant conditions of this first era are the occurrences which produce specific disturbances of the body image, resulting probably in subjective feelings of fluctuations of total body size and of what one might call intra body pressures. These may be caused by (1) *actual changes in body nutrition* with rapid emaciation or sudden gains in weight, or abrupt swellings and edemas, (2) *physical conditions producing subjective sensations of sudden changes in size*, such as repeated acute fevers, repeated anesthetics convulsions, certain severe rage states, and possibly some skin conditions, and (3) *certain activities applied to the child*, such as frequent body massages repeated violent tossings and ticklings or similar massive overstimulations which throw the infant into states of extreme excitement with abrupt termination, probably with a suffusion of general sensory stimulation beyond the capacity for any comparable motor discharge.

Last of all among the disturbances of this first era, the persistence of an unusual degree of primary identification will be discussed. We have already mentioned the important emergence of vision in the functioning of the infant after six months of age. It would seem that this relation of vision to touch and orality is also of the greatest moment in the establishment of the body image. What I would conceive of is something as follows. Vision is extremely important not only because it is prehensile, but because of its increasing scope, in range and distance. Much more than touch and extensor motion, it can, by the age of one year, 'take in' the surroundings with extraordinary fineness. Our body image develops largely from endogenous sensations from contacts with the outer world (of which feeling one part of the body with another is a peculiar condensation) and from seeing our own bodies. Here, however, is the fact that not all of our own bodies are actually visible to us and in the case of those parts of the body which are not visible to the child himself, the

endogenous and contact sensations are supplemented by visual impressions of the bodies of others. Consequently the body image is not based just on the perception of the own body but to a little extent anyway on the visual perception of the bodies of others. (Incidentally, it seems possible that the force of visual incorporation of *the other* may be one among many reasons why people who live together through years often come to look alike or have similar facial expressions.)

Now it is evident, too, that the genital area and the face are the two most highly differentiated parts of the body which cannot be "taken in" thoroughly through visual perception of the own body—the face even less than the genitals. The awareness of these and their location in the body image must be supplemented by the observation of these parts in others. We are indeed aware that although the own genitals may be partly seen by the male and very little seen by the female, they can never be quite so clearly observed in any event on the self as on others. It is probably this which makes them so peculiarly important in the sense of body self, the senses of reality and identity, and even in the wish to learn. The genital area is probably more important than the face because of the grosser differences between the sexes and the discrepancy therefore which may occur between that which is visually 'taken in' more strongly from another body than it can be from the own.

It seems that in the early history of the pre fetisbist, there may be an insecure and unstable early body image developed, from any combination of causes already mentioned. There is as a natural result of this a continuation of the state of primary identification. (This has been stated before in terms of the continuance of an increased introjective projective mechanism.) In a number of the patients developing later fetishism, enough to make me think it might be of some import, the boy child has been in very close visual contact with a female, either the mother or more importantly a sister relatively close in age, and it appears that there may have been a state of primary identification which resembles that seen in twins with a well forecast bisexual splitting of the body image even antecedent to the phallic phase. I wish it were possible to give more detailed case histories here but for various reasons this is not feasible. I can only say that my own case material convinced me of the importance of this factor in shaping the later developments.

Disturbances of the Second Era (24 Years of Age)

In most cases, we suspect, there is a continuation of one form or another of the same mother-child disequilibrium which has been so marked during the first months, though naturally it may now be more compen-

sated by contact with other individuals. More important now, however, are the further reasons for *the especial severity of the castration complex*. Here again two sets of factors may be observed: (1) the occurrence in a certain number of cases of unusually severe castrating types of real trauma, beyond the ordinary developmental traumas which are necessarily ubiquitous, and (2) the special effects on the spontaneous ordinary developments of the phallic phase when these must suffer an absorbing impact from the special disturbances of the body image originating, as outlined, during the first era.

The traumas which are most significant are those which consist of the witnessing of some particularly mutilating event—a mutilating death or accident, operation, abortion, or birth in the home. It is possible that some operations on the self may play an important role here too, such things as tonsillectomies or other bleeding operations. But severe as these are, I doubt whether they are felt quite as catastrophically as the bleeding injury which is introjected through vision, especially if this involves the genital area. In my own case material this has been well corroborated. If we take Freud's 1938 paper in which he outlines the development of a case of fetishism, and emphasizes the sight of the female genital coincidental with masturbation and threats of castration just at the beginning of the phallic phase, and substitute for "threat of castration" "sight of mutilated and bleeding body," I think we may envision what happens in a certain number of children.

Now if we think of this situation of a varying degree of intensity of actual castration threat, spoken or actually seen, and empathize with what happens inevitably then with the development of the sharper, keener, naturally more pleasurable sensations of the phallic phase, we can sense the crucial conflict of the potential fetishist. It is obvious that in the earlier instability and fluctuation of the body image, frequency of occurrence of overpowering massive body stimulation, increased tendency to visual introjection of the body and especially the genitals "of the other," there is all the groundwork for an exquisitely sensitive body-phallus identification. This actually is apparent also in the symptomatology of fetishists and is emphatically announced in transvestites. The increased sensation accompanying tumescence and detumescence of the phallic period inevitably arouses not only the severe castration anxiety associated directly with it, but reinstates the primitive disintegration anxiety from the first era, because of the strong body-phallus equation. It is noteworthy that the history of many fetishists shows marked disturbance with some evidences of bisexual identification becoming manifest at four or five years of age. The phallic period, which should under ordinary circum-

stances be the time for the consolidation of the genital part of the body image, has become instead a period of increased anxiety and uncertainty regarding the genital parts

These children hardly solve their oedipal problem at all, and even the subsequent feminine identification which follows seems to have had its origin earlier and been a way of by passing the full intensity of the oedipal conflict rather than resulting greatly from the oedipal conflict itself. The latency period may furnish some respite in that the endogenous physical pressures are lessened, but the lack of any decisive resolution of the oedipal conflict is apparent in the greater number of explorations and pseudotraumatic events which are precipitated even in these latency years. Either with prepuberty, puberty or adolescence, there occurs the full outcropping of the character disturbance in which there are compulsive attempts at control and fetishism plays its dramatic part.

The Choice of the Fetish

The fetish, which is then the keystone of a wavering genitality, must satisfy the requirements to be stable, to be visible, to be tangible. It must be capable of symbolizing both the penis and its obverse. Further, it often includes the quality of being smelly, so that it can furnish a kind of material incorporation through being breathed in, without loss, i.e., without diminution of its size or change of its form. It must thus be capable of remaining intact outside the body so that it may at the same time be visually introjected and stabilize the sense of the own body. Gillespie has especially emphasized that the durability of the fetish withstands the fear of the sadistic annihilation impulses and that it generally is inanimate in order to be assuredly nonretaliative. While this seems doubtless of great importance in some cases, it would seem that the immobility of the fetishistic object further serves to help counteract the anxiety of the sensations of changing size and shape of phallus and body, in the way already indicated. The intensely strong castration fears of this phallic period, drawing with them the primitive body disintegration anxiety, are re-aroused when the fetishist attempts intercourse and sees the penislessness of his partner and feels or sees the disappearance of his own phallus into the vagina. In some particularly severe states a condition of a sensory misperception of an illusory vagina is established, which is inconstant in form and location and may be as changeable as the site of an illusory penis in the female. This is probably much reinforced by sight of and contact with the mouth as well as the vagina of the partner. Both Gillespie and Payne have emphasized the importance of

sadism in these cases and have thought it was largely an increased oral sadism as described by M. Klein. On the basis of studying the array of published cases, it would seem that in some instances this pronounced oral sadism is indubitable, but that in many the sadism is more preponderantly anal and motor.

Further determinants in the choice of the fetish are seen in its close relation to some elements in the massive castrative trauma (in cases in which that has occurred). Here the fetish serves again its double role of simultaneously presenting the danger and protecting from it. It seems probable that in those cases in which there are fetishistic rituals these serve screening acting-out functions, perhaps analogous to some fugue states.

Other Considerations

From the material presented it is probably obvious why the fetish develops in a full state generally only in the male. The female in an analogous unstable equilibrium has already succeeded in denying her apparent castration with an illusory penis. While such women have various problems in relation to the opposite sex, the actual sight of the male organ tends to reinforce rather than deny the masculine part of their body identification. The one female fetishist whom I have encountered was a woman with a well-developed bisexual body identification and an almost delusional penis. Although she could not form enough of a relationship to any man to approach intercourse, in certain masturbatory states in which the masturbating hand must have registered the lack of a penis she found it necessary to reinforce her phallic illusion by holding a solid phallic-shaped object in the nonmasturbating hand. She used this also at some other times to give her a greater feeling of general confidence, i.e., for its narcissistic value. In 1915 Dr. von Hug Hellmuth reported a spectacular case of foot fetishism in a woman. Since this patient was not analyzed and the case is reported chiefly at a descriptive level with few facts of the history available, the deeper structure of the disturbance cannot be discussed. It was a florid case, however, in which it seems clear that the fascination was with the erected penis of the father (the hard boot of the military man) and that this rather than the man himself was the object in which she was interested. One gets the impression from the description that the boot served the function of complementing herself more successfully than the partner's penis could ever do and that there was actually almost no relationship to the man as himself. The patient was as one might suspect completely frigid and averse to coitus. The external boot was more satisfying to her than coitus and

gave her a greater feeling of fulfillment. Visual coitus was of higher narcissistic and libidinal pleasure than vaginal coitus

It seems clear that the fetish occurs detached from its clear sexual functions in many other conditions and may not even impress us as particularly abnormal. Among the related psychopathological conditions are compulsive rituals, collecting manias especially in some schizophrenics, compulsive neurotics and seniles, kleptomania, and certain forms of drug habituation without genuine addiction. An article by Grant (1949) gives a rather interesting account of a fetishistic theory of amorous fixation.

Summary

Fetishism is the result of a rather definite combination of genetic influences in disturbances of pregenitality. These consist of (1) disturbances in the early months of life, producing instability in the formation of the body image, with uncertainty as to outline, and fluctuations in the subjective sense of size, and (2) complementary disturbances in the phallic phase, which produce an exaggeration of the castration complex. The genital area of the body image is under any circumstances less certain in the early months of life than other parts of the body except the face. Under normal developmental conditions, the genital area of the body image becomes consolidated during the phallic phase, due to the increase in the spontaneous endogenous sensations arising then. Under the disturbed conditions of pregenitality described, the overly strong castration anxiety is combined with body disintegration anxiety from the early phase, and depletes rather than reinforces the genital outlines of the body. These conditions also contribute to increase bisexuality and contribute to a corresponding split in the ego.

Due to the marked pathology of the first months, there is a persistence of the unusually strong primary identification (which in many cases has played a part also in confusing the genital part of body image). This persistent tendency to primary identification, especially through vision, again influences what happens with attempts at intercourse. Then the sight of the penislessness of the partner brings into focus the underlying feminine identification and makes genital performance impossible unless special support is offered.

The support is attained through the use of the fetish, which is tangible, visible generally inanimate, unchanging in size, also not readily destroyed. It offsets the effect of the identification with the partner, and "pegs" the genital functioning by furnishing this external and material

symbol of the phallus to be reintroduced and reaffirm the genital integrity of the fetishist

Thus, while the fetish is precipitated in the situation of the need to preserve the idea of the mother's phallus and so deny anatomical differences between the sexes, it *functions* by reinstating, through visual, olfactory and actual introjection, the phallus of the individual

The choice of the fetish is abundantly overdetermined. It symbolically represents the phallus (but can also deny it), but its nature is further determined by the nature of severe prephallic castrating traumas, and in cases of fetishistic rituals, these incorporate the activity of the traumatic experiences in condensed fugue-like screening repetition

FOOTNOTE TO FETISHISM

A shoe is a shoe is a shoe—

A shoe and you are two

A shoe has no teeth—does not bite,

A shoe does not cause any fright.

You can look at a shoe, you can step on a shoe

You can smell at a shoe and you'll never feel blue

A shoe keeps silent, a shoe does not speak,

A shoe keeps your secrets, there's never a leak.

A shoe is a father, a shoe is a mother,

Creates only joy and never a bother,

A shoe can be kicked, a shoe can be torn

And a new one is bought when the old one is worn

A shoe is a cheap pal, discreet, near and true—

A shoe is a shoe is a shoe.

—Anonymous Contribution to Discussion

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A MANIFEST OEDIPUS COMPLEX IN AN ADOLESCENT GIRL

By SYLVAN KEISER, M D (New York)

While it is extremely rare to find a manifest oedipus complex in adult neurotic patients, many authors¹ have described the schizophrenic patient as freely exposing the oedipus complex. Bychowski (1952) reported the events in the psychotic as a loss of the superior layers of the ego and superego. As a result, sublimation and repressions lose their dynamic power and so lay bare the primitive ego. However, there are nonpsychotic patients who do not manifest the horror of incest that Freud (1925) described as part of the prehistoric inheritance.

In order better to understand the defect in the superego which makes it possible for incestuous fantasies to become conscious it may be profitable to review some theories on the development and function of the ego and superego, with particular reference to the adolescent. According to Jones (1926), the function of the superego is to criticize and to cause pain to the ego whenever the latter tends to accept forbidden id impulses. It has obviously failed in exercising this function when incestuous wishes can too readily gain access to consciousness. Jones (1922) further states that the adolescent finally achieves maturity when he abandons incestuous objects and turns his interest to other figures. But the success of this maturation depends on the degree of frustration experienced in reality and on the satisfaction new objects will give (Freud, 1912). Another element is the degree of attraction exercised by the infantile objects. For the girl, there is a slower and more gradual passing of the oedipus complex (Jones, 1922, Freud, 1925a). This factor, reinforced by the recrudescence of the revived, infantile complexes, may facilitate the emergence of incestuous attachments into consciousness. The impetus for the resurgence of the oedipus complex springs from the acceleration of biological processes at adolescence.

We have previously reported a clinical psychiatric study of adolescent

¹ See for instance Fenichel (1945 p 422)

girls (Keiser, 1944) in which the presence or absence of overt oedipal manifestations was related to diagnostic criteria. There were two groups: one, whose pathology eventually revealed a definite schizophrenic process, and the other, whose reactive states closely resembled schizophrenia. A major diagnostic observation was made on psychotic girls who insisted that their mothers were jealous of their delusional, incestuous attachment to their fathers. They would freely and forcefully expose various aspects of the oedipal triangle, without any effort at disguising its true nature. The nonpsychotic girls, who presented a diagnostic problem, also had an inadequately repressed but an intensified sexually charged incestuous conflict. However, they withdrew from all sexual activity and could not maintain normal relationships because of their intense feelings of guilt. Moreover, the nonpsychotic girls could not freely express their feelings for their fathers, nor did they have any strong conviction about parental rivalry. These adolescents had developed primitive archaic symptom complexes. Summarizing our findings at that time, we concluded that these girls had an immature ego that had never solved any of the demands of the id. The emotional problems at adolescence thus were solved with the simple, direct behavioral mechanisms of a young child. In contrast, the schizophrenic and obsessive girls had constructed reaction formations against id strivings or expressed id derivatives in neurotic symptoms that conformed to the symptomatology of the adult. The breakdown of their ego defenses was visible as the struggle for restitution was waged.

The ascetism which most adolescents develop acts as a powerful force against instinctual breakthroughs. However, when a gap in the ego-superego structure comes under observation, an adolescent is, in many ways, an ideal subject for the study of this problem. This is particularly true when an intrinsic constituent for normal growth of the superego is missing. In the instance of the patient to be described, her pathology was directly related to the absence of her father, who left the house when the child was four years old. The initial psychological trauma was constantly reinforced, kept alive, and intensified by the father's behavior, who occasionally sent her presents or wrote to her, but never saw her.

An adolescent girl easily divulged deep unconscious contents during the early stages of her analysis, before effective interpretations could have altered the ego defenses or diminished the repressive forces. Many dreams with transparent symbolism of the oedipus complex were readily understood and accepted without the usual proper analytic preparation for their comprehension. Similarly positive sexualized transference phenomena quickly developed. The demands and fears engendered by her transference simulated the hysterical, demanding transference of an

adult. In juxtaposition to this reaction there was the picture of a shy, modest girl who struggled for social contacts. The clinical picture gave no evidences of a major mental disorder, that is, no psychotic process was present.

The question posed by her behavior may be phrased as follows: What distortion occurred in her psychic anatomy to permit this easy egress of id content and what dynamic factors facilitated its production?

The patient, a fifteen-year-old girl, presented herself for treatment at the suggestion of her mother. The girl complained of feelings of tension and inadequacy, difficulties in concentration, and an inability to adjust to her contemporaries. She was shy and different and tended to isolate herself. Her social inhibition interfered with her relations to both girls and boys. Her natural physical endowments would first attract boys but her frozen manner would cause them to withdraw. In the presence of adults she found herself relaxed and well liked.

An unusually high intellectual gift enabled her to be an honor student in a first-rate school despite many neurotic interferences with learning and studying. In addition, her talents in painting, sculpting, and creative writing were outstanding according to her teachers' reports.

When the patient was four years old, her parents divorced. The father moved to a distant city but occasionally sent her gifts and infrequently exchanged letters.

The mother remarried and subsequently divorced when the patient was ten years old. The mother is a successful career woman who has worked and supported the child in boarding schools and camps from the third grade until the time of analysis. This pattern was interrupted when analysis was undertaken.

Her mother is described as appearing much younger than her chronologic age, as being an energetic, active woman with many interests. The patient felt that she would never equal her mother's good looks, charm, witty conversational social graces, and apparent success with men. This was expressed as an open competitive feeling reinforced by her mother's readiness to charm any young boy or girl brought to the home.

Whenever the patient expressed the slightest disparagement of mother, anxiety appeared which, on the one hand, reflected the intensity of her need to maintain strong defenses against her hostile feelings and, on the other, her desire to acquire some of mother's glamour by idealizing her. She had renounced hope that she could ever be as wonderful and glamorous as mother. This was strengthened by mother's inability to give real love and warmth. The mother described herself as having a masculine kind of femininity.

Her feelings of inferiority were nourished by memories of mother walking around nude while she, the little girl, experienced a sense of deficiency over her own physical immaturity.

For many months around five years of age, a game of being born was

played. In this play the patient crawled in and out of the bed covers and mother pretended that the girl was an infant. Following mother's explanation of childbirth, the patient believed that she was peculiar, because she could not discover her own vaginal orifice. At puberty, the conviction that she was congenitally deformed was reactivated by a slight difference of size in the labia majora.

The analysis exposed a positive and inverted oedipal complex toward her mother. While the patient jealously resented mother's lovers and competed with them for mother's love and attention, she reacted like the male child who aspires to become mother's active lover. This was repeatedly seen through the analysis of dreams, many of which also portrayed her wish to replace father. She frankly said that she had driven father away and had won mother. At the same time she would have nightmares and dreams symbolic of rape and fears of intruders. Her associations would lead to ideas of competing with mother and successfully winning the lovers. These dreams also simulated the recovery of memories which confirmed the reconstruction of the primal scene as a true historic experience. Not only did the primal scene overstimulate the young child but under the pseudo freedom of her home the original excitation was constantly reinforced and thus prevented from becoming a deeply repressed memory.

Though the patient had not seen her father since her fourth year, he continued to be an active force in her life. On holidays and birthdays letters and occasional gifts were exchanged. Every so often he promised to visit her, each time bringing on an upheaval which was followed by disappointment when he failed to appear. The situation was further complicated by the fact that the mother, believing that it was psychologically of advantage for the child, persisted in describing her exhusband as a wonderful and devoted father. She thus artificially created an untrue image of the father who was apparently a very narcissistic and self-indulgent writer who did not earn a livelihood. The image of a kind father contributed to the child's confusion and bewilderment, because she could not understand why he should have deserted her.

Very early in her analysis the patient had many dreams with a manifest sexual incestuous content. She dreamed of meeting the father, being embraced by him and responding sexually. In addition, she reported numerous dreams with obvious symbolic contents. The undisguised incestuous dreams were in striking contrast to her usual shy and inhibited behavior. She readily recalled having had daydreams in which she desired sexual intercourse during her twelfth and thirteenth year. This information was given during her first few hours of treatment.

In a similar way, her transference neurosis was quite remarkable. In very short order, her dreams were replete with sexually symbolic references to the analyst. All of the problems that occur in an intense, positive transference of the older patient became manifest. Not only did she become jealous of other female patients, but she changed her adolescent style of dress to that of an

adult. This would oscillate during treatment. She also expressed fears of being irresistible and of disrupting the analyst's life. A typical resistance developed with all the characteristic demands of an adult sexualized transference. The fantasized details of an active sexual life with all the concomitant pregenital regressions and defenses were vividly relived during the analysis as an affective experience of depth and significance. For a short time she treated as a very real danger the fantasy that her sexual appeal would induce the analyst to leave a happy family. However, she would eventually fail him as a full partner and so would cause only ruin and destruction as she did to her parents. The content and the meaning of her transference were remarkable only for its rapid development and full bodied sexual expression which was unhampered by the usual defense mechanisms that operate as a repressing force. It was not necessary to interpret the defenses to permit the sexualized feelings to come through.² It was very fortunate for the development of the positive transference that I never saw the mother. Being in analysis herself, she could accept the analyst's decision to defer indefinitely an interview with her. Since the girl was convinced that once a man had seen her mother, he could not possibly be interested in her any more it became possible for her to feel secure in an exclusive relationship.

It was clear that this patient could only have a sexualized relationship. Either she became sexually involved or else she could have no contact with either male or female. That was all she had seen in her mother's life. It seemed that her mother had used her own seductiveness on the child to establish some rapport during the visits home from school. Moreover, the child was well aware of her mother busily pursuing male companions in the hope of snaring a husband. Mother's preoccupation with her physical appearance and her seductiveness toward men kept alive the sexualized fantasy of the mother image. It was not possible for the child to erect the usual defense of denial by which awareness of a mother's sexual activity is pushed into the unconscious. The patient's failure to repress her knowledge of mother's sexuality was doubly disturbing because no legal spouse existed. In addition mother was exhibitionistic about her affairs under the guise of modern freedom. It should also be noted that the girl had been sent off to camps and boarding school from the early days of the latency period. The child had always assumed that she had been sent away to permit mother greater freedom for the pursuit of her own pleasures. While the mother freely exhibited her sexual freedom she simultaneously tried to impose a strict moral code, derived from a maternal grandfather, who served the church as a minister.

The father who disappeared when the child was at the beginning of the phallic phase had remained active as the object of her foreconscious sexual fantasies. He injected himself into her life often enough to foil any attempt at finally accepting his abandonment. The exchange of letters and pictures would keep alive the hope of his return. His image remained a mixture of the deserting father for whom she yearned and a glamorous youthful male. He was neither a

² This behavior did not derive from a hysterical personality.

dead parent whom the child mourned and finally forgave nor was he present for a real relationship with its frustrations which leads to the ultimate resolution of the oedipus complex.

Very early in her life the child already knew that her birth had been planned as a means of saving her parents' marriage. Having failed to achieve this, she felt inadequate and burdened by her sense of guilt. Consequently she was convinced that she had to be deeply and utterly grateful for every trifle given to her and for anything that was done for her. That she was entitled to her mother's love and care was almost incomprehensible to her. This feeling of unworthiness developed despite the fact that mother had been a consistent provider of all material needs. However, the mother's own unconscious undoubtedly regarded her support of the child as a burdensome responsibility. Thus the mother could never become a source of love from which she could suckle freely. Of necessity this would interfere with the infantile object relationship and inhibit the incorporation of a good mother object so necessary for ego formation. In like fashion her father's disappearance after birth would create the feeling of her unworthiness as an object of love for him. His complete failure to recognize her needs merely accentuated her feelings of unworthiness since she had failed in her mission. He too was not an object with whom she could properly identify, thus permitting the development of a stable superego.

Freud (1923) conceives of the genesis of the superego in the following way:

The broad general outcome of the sexual phase governed by the Oedipus complex may therefore, be taken to be the forming of a precipitate in the ego consisting of these two identifications in some way combined together. This modification of the ego retains its special position: it stands in contrast to the other constituents of the ego in the form of an ego-ideal or super-ego [p. 44]

He further states that the superego is formed on the basis of the first identifications and that these early objects of libidinal strivings, though incorporated into a feeble ego, are of far greater importance than any other. The introjection of the first objects is the process by which the relationship to them becomes desexualized (Freud, 1924). In our patient, the relationship to the original objects of her libidinal impulses remained sexualized; thus she could neither identify with them, nor could she replace her infantile image with a realistic picture of them. Her mother's inconsistency as well as the fact that the mother actually fabricated an image of the father as a glamorous, attractive figure facilitated the patient's clinging to the early primitive sexualized objects. Since this image of the seductive father persisted, she could not renounce him as a

sexual object. His commands could not become a desexualized part of her superego which could and would act as the instigator for repressive incestuous drives. More likely she identified with the superego of this self-indulgent father and could not develop a superego organization that would be relatively independent from objects on the one hand, and from the ego, on the other, as so well described by Hartmann, Kris, and Loewenstein (1946). In her, the libidinal energy did not become desexualized, the attachment was not properly sublimated, and the process of idealization did not take place as a normal process. Both the absent father and the mother kept alive the sexuality of the infantile attachment.

In discussing the superego of adolescent delinquents Johnson (1949) aptly coined the phrase 'lacunae in the superego'. 'The parents find vicarious gratification of their own poorly integrated forbidden impulses in the acting out of the child.' Though our patient did not act out she behaved in the analysis as if she had lacunae in her superego. That is, in many areas her behavior conformed to a strict superego, as did many of Johnson's patients. There is little doubt that the mother kept alive the girl's jealousy about her current social activities. Another factor possibly accounting for the fact that in certain respects the patient's superego was strict may be traced to the mother's frequent assertion that the patient resembled her father. Therefore, the girl dreaded becoming a dissolute and self-indulgent person like her father, fighting the possible development of these traits in her lest she be faced with a total loss of control over her pregenital and genital drives.

Another repressing force that operated in the girl was the defense against the aggressive impulses generated against the remaining parent. Eisendorfer (1943), in discussing the significance of the single parent, remarks that the aggression against the remaining parent is stifled and interferes with resolving the oedipus complex. In this patient, the force of aggression was turned inward and consequently enhanced her masochistic needs for punishment and her depressive moods. These were also caused by the father's failure to return. Fenichel (1945) reported the thoughts of a daughter whose father had died, as follows: 'Mother is not worthy of father. He will come for me, he does not and then I am not worthy of his love' (p. 95).

In this patient, the father was alive and at intervals promised to return to her but always failed to do so. It was not possible for her to rationalize his defection as a child might whose parent is dead. On the contrary, her conviction of personal unworthiness was reinforced by his recurrent promises of a visit and his repeatedly disappointing her. Each incident only augmented the original feelings of unworthiness and failure.

Meiss (1952) reported the case of a fatherless child who had certain features in common with my patient. In that instance the child believed himself to be responsible for the father's death assuming, like our patient, blame for the father's disappearance. Also in that treatment situation, an unusually active, powerful positive transference developed.

DISCUSSION

An adolescent girl with ordinary neurotic inhibitions quickly developed an intensely sexualized transference. Frank incestuous feelings for her father were reported during the first few months of the analysis. The feeble repression of incestuous strivings that would usually be regarded as frightening was not symptomatic of a psychotic process. It was possible to recognize the sources leading to the failure of the superego's repressive function. The defective organization of the superego had its genesis in the special conditions surrounding the two parents. The father disappeared during the phallic period. But he was not completely removed from the scene as would be the case in the event of death or total desertion. He frequently promised to visit the patient. His failure to carry out his promises reactivated the original disappointment over his disappearance and repeatedly evoked the false hope that he would return. This pattern kept alive the original sexualized oedipal relationship which could neither be fulfilled nor resolved because of the physical separation. Furthermore, she was burdened by the conscious knowledge that her birth had been intended to save the parents' marriage. Her failure to achieve this intensified her feelings of inadequacy and guilt.

The mother actually encouraged the girl to remain fixated on the oedipal level while simultaneously seducing the girl and flaunting her own sexual superiority. To have the girl focus her feelings and aspirations on the more or less nonexistent father was to remove her as a rival for paramours. To keep the girl in the inferior role allowed the mother to feel a superiority which had been denied her in her own childhood. In addition, her own psychic economy required that the growing child should remain her own little child and, moreover, exhibit the needs of a male child. She counteracted these tendencies by a self-sacrificing devotion and by making available every possible educational opportunity to the girl. But the outcome was the girl's failure to identify herself with the mother, and consequently the oedipal fixation was kept alive.

As Freud (1924) said "It is always possible for the ego to avoid a rupture in any of its relations by deforming itself, submitting to forfeit

something of its unity, or in the long run even to being gashed and rent" (p 254).

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**DEVELOPMENT OF THE EGO AND SOME
OF ITS FUNCTIONS**

ON ADULT EMPATHY WITH CHILDREN

By CHRISTINE OLDEN (New York)

In discussing the adult's capacity to empathize with children I shall consider primarily preschool children and children in their early latency. For although empathizing with preadolescents and adolescents may present equal difficulties, they are difficulties of a different order and often occur among different people. Among those who can empathize with young children may be many who cannot deal with adolescents, and vice versa.

I remember an incident with August Aichhorn who was famous for his capacity to establish contact with preadolescents and adolescents in the very first moment. One day a little five year-old was brought to his office, he tried to talk to her, but very soon, with a look of complete helplessness, he turned appealingly to his students and said, 'Isn't there anybody who could take over? I don't know what to do with something like that!'

We may generalize that the adult's capacity to empathize with children is rarer than the capacity to empathize with other adults.

Among the obvious obstacles to adult empathy with children is the great difference in the ego structure of the two generations. On the one hand is the consolidated ego of the adult, which, whether strong or weak, functions consistently within the pattern of its neurotic and normal limitations. The adult can in a way even rely on the unreliability of his ego. And on the other hand is the growing ego of the child, constantly shifting, progressing and regressing again, constantly transformed in the struggle against his impulses (Bornstein, 1915, 1919).

The child's ego confronts us with no reliable pattern and thereby repeatedly bewilders us. The adult's achievement of the reality principle, which the child is yet unable to grasp, produces the vast differences between him and the adult in emotional reactions, logic, behavior, fantasy, etc.

In the adult's life with the child the child's different concepts make themselves felt throughout the day. Children need at least twice as much

¹ In his unforgettable Viennese dialect it was: "Is denn gar niemand, der übernehmen könnte? Mit so was kann ich nix anfangen."

time for any accomplishment as the ordinary adult would normally provide for them. Their responses to and feelings about noise, heat, and cold, are entirely different from the adult's, words and talking have not the same meaning for them. Children live mostly in a world of two extremes without moderation black or white, good or bad. Their ability to grasp general concepts is quite imperfect, governed largely by their fantasy life. We try to explain to a child that the earth is a round ball on whose surface we live, and we discover that his geophysical comprehension depends not upon his intelligence but upon his fantasies about birth and sex in general. Their apparently absurd interests continually annoy the attendant adult: on a trip they cannot see beyond the billboards to the country beyond, on a mountain they are blinded to the vegetation or the view by their fascination with a tin can picked up on the way.

Besides the differences in ego structures, comprehension, interests, the adult's empathy with the child is blocked by neurotic differences and difficulties. The adult neurosis has had time to settle as a part of the personality. It is, as we have said, reliable, reliable up to the point where additional neurotic traits are mobilized by living or working with children. And then it takes a new turn within the old pattern and further aggravates the adult situation with the child. The child's neurosis has not yet developed its definite form. A transitional neurosis may show up, or neurotic symptoms may appear and disappear to relieve one another. The everchanging face that the child presents to the adult further widens the gap between the two generations and impedes the possibility of adult empathy with child.

We are dealing in this paper with the ability or inability of adults to bridge the gap. If they do, we may say 'He is very gifted with children,' or 'He understands children well,' or 'He can identify with children,' or 'He has great feeling for children,' or 'He can empathize with children.' By using these various terms we actually refer to the same phenomenon, although the concepts are not the same. It is not intended here to work out the differentiations among them.

Before proceeding to empathy with children, I shall say a few words about empathy in general. Psychoanalytic literature contains many references to the analyst's aptitude for empathy with the adult patient.

Among others, Ferenczi, Fenichel, Winterstein, Barbara Low, Helene Deutsch, Theodor Reik, and Robert Fliess, have dealt with the subject. I wish to summarize briefly the descriptions given by these authors of this aptitude of the analyst, its mechanisms and function.

Empathy is the capacity of the subject instinctively and intuitively to

enon of empathy to be as deep and early as the first days and weeks of life, when there was no outside world, no 'I,' when the complete oneness with the mother provided only the subjective experience of comfort or discomfort. The comfort was perhaps bound up with, and subjectively the same as some smell warmth bodily closeness, satisfaction of hunger, the discomfort of hunger or a feeling that we would call loneliness. This earliest experience of unity with the world and the mother may possibly be the root and pattern of our later feeling of comfort when an empathic contact is made, and of discomfort when we have not successfully achieved this.

I should now like to give some examples of mature empathy with a child and then examine the psychological mechanisms that either facilitate or block the process.

I remember a very young woman who brought her first child home from the hospital and said 'Now I have to watch him and see how he likes it. He will tell me his rhythm.' And he did tell her.

When she weaned him from the breast at six months her intuition came into conflict with expert advice. She felt that he would still need a bottle. A child psychologist and a child analyst myself both strongly advised weaning to the cup. She gave up her intuition and gave the baby the cup. It turned out that she was right. I shouldn't have listened to you, she said. And I knew later that she might have prevented a long eating disturbance of the child if we had not interfered with her intuition.

The following example clearly indicates that mature empathy with a child is a process which is quite as independent of theoretical or purely intellectual understanding as it is of liking or not liking.

Shortly after I started the analysis of eight year-old Henry Mrs. K. became my housekeeper. She knew nothing of psychoanalysis or psychotherapy with children. She came to my house at odd hours and had met Henry only twice. At the first meeting Henry took to her hut without being demonstrative. Usually critical of people, often rude and sometimes fearful, Henry responded to Mrs. K. in none of these ways. After the first meeting the subject of Henry did not come up between Mrs. K. and me.

The second meeting occurred at his request. He had dictated to me what he called a story and, knowing Mrs. K. was in the apartment, asked that I call her in and show it to her. Mrs. K. silently read the following story.

My mother is a stinker. My father is a stinker. My mother is ugly and has wrinkles. Christine's hair is horrible, etc.

That's quite a story, isn't it? Henry said when she had finished. This is a very sad story, Henry. Mrs. K. told him.

Henry was taken aback by the unexpected reply. He whispered to me: What do you think she means by calling it a sad story? Then I made the mistake of suggesting that he ask her what she meant.

Well, was Mrs. K.'s answer, it's a sad story, because it tells how little you like yourself. You paint everybody black, but you really mean yourself."

Precisely this was Henry's problem. But he was certainly not yet ready for this interpretation.

I wish to repeat that Mrs. K. knew nothing of Henry's problems and background. Genuine empathy, here demonstrated, is to a great extent independent of knowledge and conclusions from knowledge about the object. In our work with patients, their history, structure, symptoms, defenses, etc., are always latent in our minds and are automatically drawn upon for working through the discoveries we might make by means of our empathy. This is true throughout the treatment, except perhaps for the very first moment of the first interview, when we feel, without knowledge, what the patient feels—depression, elation, fright, defenses of one kind or another. To have some understanding of a person at this first moment, one need not be a trained analyst, but one must be capable of empathy. And even then the analyst's situation has more intellectual content than Mrs. K.'s in her meeting with Henry. The analyst has expected his patient, perhaps been informed about him in advance, and, therefore, is in some way prepared for his reception. Mrs. K. was completely unprepared, to her Henry was a child whom she had met accidentally.

We can observe daily that to know the child, his background, his fears, his recent experiences, will not help the adult to feel as the child feels in this or that situation, if he lacks the capacity for genuine empathy. The functioning of empathy does not require the support of information about the object. But, of course, the support of information is a welcome help (A. Freud, 1928).

Empathy may be described as a feeling that emerges spontaneously in social contact, that enables the subject instantaneously to sense the object's apparent emotions of shyness, hate, haughtiness, happiness, etc. But empathy goes further. It has the capacity *ad libitum* to trespass the object's screens of defenses, behind which the real feelings may hide, as in the case of the child who clowns, the child who clings, etc. For instance, it requires a real capacity for empathy to sense the fear of a four-year-old before the lion's cage, for the fear is covered by and mingled with excitement. The child giggles and shouts, and this is what most

adults take for "fun for children." I recall a father's telling me with great amusement how funny it was when his three-year-old daughter had laughing and crying fits in the zoo.

Again, on the surface the clinging, demanding child is irritating and a nuisance. Only if the adult feels, beneath the nuisance, the child's desperate loneliness or castration fears, does the irritating symptom cease to irritate and the real feeling of the child come through.

There are many adults who in their way care for children or like to be with them, but who nevertheless do not have the capacity for mature empathy. Those adults who like to play and chatter with small children, give them treats, buy them presents that suit only themselves, have the reputation for being child-loving. Freud referred to their feeling for children as "aggressive tenderness." These adults will excite the children and themselves with grimaces, tickling and pinching, and all varieties of castration jokes. The very presence of children seems to make them regress to the child's level, where they are "child with child," acting out their own unresolved infantile sexuality. Again and again we can observe how these aggressive-tender people call a sudden halt to their games with the bouncing, giggling, hyperstimulated children. They are apparently unable to feel anything of the condition and reaction of their playmates. To them, the small child is an object that revives their own unresolved infantile sexuality. Stimulating the child's sexuality, they become excited in the same way as the child does. They are regressing to the child's level and using the child for their own impulsive needs; this is, of course, quite another thing from really understanding the child and enjoying, as a mature adult, a relationship with a child.

There is another type of child-loving adult who, still without the capacity for mature empathy, is amazingly well able to feel how the child feels, who is desperate if the child is unhappy, ecstatic if he is happy.

The following example, which Mrs. Gero-Heymann was kind enough to let me use, will illustrate the "rushing-to-the-rescue" attitude.

A young woman of twenty-five was asked to care for the ten-month-old son of a friend. While she was pushing the carriage across the street, the child began to cry, because he had knocked his toe. The woman, mindless of the traffic, stopped and took the child into her arms to comfort him. She later told proudly that she had stopped the whole traffic.

The same young woman also told of the following talk that she had had with her ten-year-old brother. He asked, "Mary, what are you going to be when you grow up?" She answered, "I am already grown up." "Oh," said the boy, "I forgot."

In the incident of the traffic and the stubbed toe this woman behaved like a little girl with her doll. The child deciding that her doll needed the bottle right now managed to make a party of eight people postpone a departure for twenty minutes while dolly took its bottle. Apart from the stubbornness which is part of the age characteristics of four year olds this girl like her adult counterpart of twenty five was unable to accommodate the doll's needs to the surrounding social context in other words to evaluate and account for all the components of the situation and act in accordance with the entire reality.

Among those adults who can focus on just one point in the social situation namely the child I have found a number of nursery school teachers whom I have observed and supervised. There is undoubtedly an onset toward empathy but one still gets the impression of child with child. They feel as the child does but in the long run their empathy with the child is too dependent on their own emotions. The longer I knew those teachers and a few private child nurses and parents (especially fathers) of the same type the more I felt that their attitude toward children was empathy that had failed to function. I found that their weak beginnings of empathy time and again turned into a strong feeling of compassion or merely pity. The underlying aggression often broke through in relation to the child's parents (or in the case of a father or mother to the other parent) and sometimes to other children who might threaten their darling. These people behave toward the child as they wished and still wish to be treated themselves. They have little understanding of the parent's role and tend to make fun of the mothers or to criticize them severely. They cannot objectively embrace the various components of the entire situation in other words the reality principle has not yet been substituted for the pleasure principle (Freud 1911).

In terms of the mechanism of empathy they reach out for the child emotionally and feel as the child does usually they achieve what is denied to the tenderly aggressive type i.e. they give to the child a momentary feeling of being understood. But the acting out of their own narcissistic ego needs produces mistaken judgments and misdirected work.

Because they have the tendency to agree with the phenomena of the primary processes rather than with the requirements of education they usually do not succeed in helping the child to develop and to sublimate. Their capacity to empathize depends on whether the particular child appeals to them or not whether or not they love him—on their narcissistic level. Mature empathy educationally useful is independent of love for the object. Mrs. K. in talking to me about Henry some time after the incident described above said "Henry is a child you have to feel sorry

for But I don't know whether I could really like this kind of child "

Moreover, love may even hamper useful empathy as it does free floating attention This is one of the many reasons why empathy of parents with their own children is more complicated and more difficult to achieve than with other children You can have empathy with a child whom you love but you do not empathize with a child because you love him

A third type of pseudo empathy with children is demonstrated by those adults who out of their own paranoid fears, must watch very closely the emotional state of their object. They may be able to give a fairly convincing description of the state of the object, but their observing is not libidinalized. Self protectively, it serves only their own need for self assurance And instead of really feeling the feelings of the object, they are feeling either the fulfillment of or threats to their own narcissistic needs Children, in dealing with such an adult, well watched as they may be, easily feel the gap that separates them from the adult, the failure of understanding the absence of real contact. If the child is to feel understood, mature, i e , sublimated, libidinalized interest in children is necessary

We have discussed and illustrated mature empathy And we have sketched briefly the characteristics and failures of a few types who appear to have the capacity for empathy but do not actually have it What, then, are the mechanisms and barriers that block empathy, temporarily in some people more or less constantly in others?

I have had opportunities to observe and analyze people who ordinarily had all the capacity to empathize with children but were sometimes temporarily blocked

A young public school teacher came to analysis for a hysterical symptom. Her approach to children was motherly in a mature sense intuitive and she was quite sure of herself about what and when to allow and to forbid She was firm and had a reputation for never yelling at her children She cared for them and had strength in furthering their interests for example she managed to obtain special privileges for her class from a principal who quite lacked understanding of children During the course of her analysis she married and with her husband a shop teacher opened a small summer camp The second season of the camp the husband had to return to the city for several weeks to attend to some business In the fall the patient told me the following story

The patient, several of the children who liked her husband as a father figure and a few visitors stood talking together when someone asked the patient how her husband was getting along At this question she burst into anger Oh he complains all the time that everything is too hard for him! He never gets anything done. He can't make any money He's a weakling The children looked at her, shocked and worried—she was later told by an onlooker She

herself saw nothing of their reaction and only later realized their concern. This woman whose conversation in the presence of children was otherwise carefully controlled at that moment cared not a bit about the children's presence. A fury caught hold of me,' she told me. I thought it would eat me up inside.

The aggressive spell of this patient was a dammed up impulse violently breaking through. In less extreme cases, in everyday life, empathy is temporarily blocked by the adult's aggression toward children in its many forms—by the famous losing of the temper, by the suppressed aggressiveness covered by artificial patience, frozen smiles and "darling talk", by the ambivalent attitude, most apparent in the obsessional neurotic.

The example described above shows that aggression blocks empathy even when the aggression is directed, not against the possible object of empathy, but against someone else, in this case someone not even present. We know, however, that aggression is very frequently directed against children, and always has been.

Not only does spontaneous aggression against children burst the bonds of control with remarkable ease and frequency, but premeditated, planned, theoretically rationalized punishments have flourished in fantastic variety throughout the generations. Physicians' and educators' methods of handling masturbation of the past as well as among present conservative circles, the tricky apparatuses for preventing thumb sucking and nail biting, officially sanctioned corporal punishment, utilization of children's fear, shame, and guilt feelings for educational purposes, presentation of food the child dislikes meal after meal to force dietary compliance. It can hardly be denied that children are the targets *par excellence* for adults' aggressive drives, and perhaps this is another reason why empathy with children is more rare than empathy with adults.

That children are smaller and weaker and therefore, eminently convenient targets is usually accepted as an explanation of this phenomenon. It appears to me that the discrepancy in size does not provide a fully satisfactory explanation for the frequency of adult aggression against children. We must again consider the discrepancy between the ego structure of the two generations. The young child in the child's world, by constantly living out the pleasures of the primary processes and by continually confronting the adult with them, is endangering the adult's psychic acquisitions. He threatens to shake the ego fortifications that the adult erected under great hardship. In several analytic cases and in my work with parents and teachers I have often found that aggression toward children serves as a defense against the fear of the foreign intruder, the seductive reminder of the adult's lost paradise.

How, for example, shall we explain the mother's fit of anger when the two-year-old breaks a Woolworth cup? Well, the cup may represent to the mother property, home, household, in short, security, all endangered by the child. As long as the baby equals penis to the mother, and still represents a part of herself, and as long as he continues to fulfill his task as an object of exhibition, he stands for imaginary security and satisfaction. The various vicissitudes of the mother's sexual pleasure and imaginary security are well known to analysts and need not here be elaborated. But we must take into account that "child equal penis" may be another unconscious sin of the infantile world represented by the child and in many cases the cause of inner conflicts for the mother.

The child not only stirs up emotions in adults which are related to the forbidden gratifications of their first years, but he also revives in their unconscious the tortures of early anxieties. The anxiety of parents seems often to have a paranoid quality whose sources go back to early childhood. From around two or two and a half, every child, however favorable his environment, suffers from castration fears and castration fantasies. The dreams and fantasies about traps into which he might be lured are mostly a result of his dependence on the adult, of which he becomes more and more aware. It is during this phase that the child places upon his mother the responsibility for all that befalls him. "You made me do it." The mother is to the child the almighty God, and he needs her to be so, but she is then, of course, also the threatening God.

Now the infant is grown to parenthood, and his own child revives his infantile fears. Again and again we find adults whose children represent their own parents. These fears with their slightly paranoid implications, are possibly present in all adults. We may detect them in the psychology of gossip, the psychology of the *petit bourgeoisie*, especially in the analysis of anality (sense of property, etc.) Such paranoid traits develop with the training for cleanliness and even more strongly in the phallic phase.

Thus it is that the child, representing the parent's own parents, and especially the mother, causes in the parent a fear and a feeling of helplessness and an aggressiveness similar to what the parent felt for his own parent. Aggressiveness toward children may at the same time derive from a reversal of this situation, that is, in addition to the aggressiveness of which he was the subject, the parent takes over the aggressiveness of which he was the object. By the defense mechanism of identification with the aggressor he acts out with his children the aggressiveness that his parents aimed at him.

The elevation in current educational theory of the importance of the mother's intuition has perhaps aggravated these difficulties. Progressive

education has helped the mother by stressing the importance of the woman's motherhood role, and this is one of progressive education's great positive accomplishments. The negative aspect has been the increase of the mother's guilt and insecurity. To be told that she should follow her instincts is frightening, for she has good reason unconsciously to fear her intuition, which in the course of growing up has had to undergo various vicissitudes. The majority of adults in their dealings with children have unconscious fears of their repressed infantile sexuality, and life with the child is too apt to endanger their hard-earned repressions.

A patient in her early thirties, unmarried, presented one of the best examples I know of "identification with the aggressor." She became furious when her progressively reared little niece became very fresh, used dirty language, etc. During her analysis it became clear that the patient feared this child's lack of control, which reminded her too clearly of her own childhood difficulties.

Conscious or unconscious aggression and anxiety, narcissistic disappointment or withdrawal block empathy with children. But what makes it possible? Some of my clinical material seems to lead to an answer to this difficult question. The following case history may serve as an illustration of my hypothesis regarding this question.

Miss Pine, a thirty five year-old assistant nursery school teacher, sought analysis because of her difficulties with the children. "They don't do what I tell them. I have no authority with them."

As she spoke she showed considerable embarrassment, like a teen ager or even a younger child. Her inarticulateness and look of naïve astonishment seemed to say woefully, "You know anyway, don't you?"

She was a great denier. The rush hour was interesting; to walk in the pouring rain was healthy; physical ailments were ignored or happily taken in stride. She never had any complaints. Nothing really mattered. She couldn't be bothered to care for her appearance.

At the time she came to me Miss Pine lived with her mother. Her father had died when she was in her teens. She was the youngest of four children, who had been brought up by a series of nurses and governesses employed for the purpose of relieving the mother of the annoying children. For sixteen years Miss Pine herself had done exactly this: relieve poor mothers of their annoying children.

At the age of twenty, with no previous training, she had started a small, private kindergarten in a small New England town where she had some relatives. She was much loved by the mothers for whose children she had cared, and when she first came to me, she remembered the mothers very well, but had no recollection at all of the children. What she did with the children and how they felt were important to her only to the extent that the mothers were affected.

Throughout the years with some interruptions she took care of children in families which she liked best in family camps in private schools etc. Then she moved to New York and found that more skill and education than she had were required for her profession. She was very much afraid of the directors and head teachers terrified daily that the group would go to pieces during lunch when she alone was in charge. Would the director fire her? She pleaded with the children for quiet cleanliness and order, all the time feeling completely helpless. Sensing her anxiousness the children did what they pleased and what did not please her.

She had not at all realized her fear of the children until I brought it to her attention. Afraid of children? she said. Afraid of those little nothings that sounds strange.

On week ends she took jobs as a babysitter and one Monday she told me with less hesitancy than usual. I spanked Charley again last night. He deserved it all right.

From that point on she was able to recall her aggressiveness and helplessness toward her sisters and brother. As a young child she had not been accepted by the older children who surrounded her. The siblings and their friends made fun of this shy and whiney little girl and she remained by the side of the nurse in charge. In return for protection against those older children who caused so much trouble to mothers and nurses she was required to be a very good child. This was true too of her school life. She had been a poor student in elementary school and high school not because of inability but because she was constantly afraid of both teacher and children. The children disliked her because she was teachers pet. But using her helplessness helped the teachers protect her.

As far as we could trace her history not one of the nurses was a motherly and genuinely kind type. All seemed to have been untrained uneducated frustrated and aggressive women. They always slept with the patient in the same room. One nurse who entered the household when the patient was about five and stayed for about three years punished lavishly and then as a reward for an apology took the little girl into her bed. She further seduced the child by undressing in her presence and allowing her to wait upon her when she had her frequent headaches. The patient remembered most of these incidents but never mentioned them critically. Indeed she never criticized adult women at all but always found excuses for them for the mother the sister the women relatives the coworkers.

The patients mother was a weak, obviously helpless and frightened woman. She seemed to have been quite sweet with her children but terribly anxious. The marriage was bad and she behaved with her husband like a pampered and demanding child. This childhood hardship the patient did not deny admitting how much she suffered from the lack of harmony between her parents. She identified with the mother against the father blaming him and her brother on her mothers behalf. She was overcritical and demanding toward most men. She had never been in love.

The first woman with whom she ever dared to be angry was I after some time of analysis. When I began to give her an objective and realistic picture of her family relations she transferred her antagonistic feelings from her father to me. But first she strongly resisted changing her opinion of her father wishing to stick to the idea that he was cruel and to blame for everything because her open aggressiveness toward him helped her to repress her deep anxiety of the male sex.

But she resented me even more for any objective remark I might offer about the nurses and especially the seductress. She hated my interpretation of the gratification she had had from her experiences with this nurse and her identification with her infantile mother.

At first she was unaware of her emotional immaturity. When this characteristic was discovered in everyday occurrences she could not avoid recognizing it but even then she struggled to retain it. As long as I am a child I can succeed with everybody. As long as I am a good child and considerate of the grownups they help me and I don't have to be myself, she said literally. She was right; she had never really found her identity. To realize her own needs and desires to recognize and admit her masochistic and homosexual satisfactions to develop independent judgments—all these tasks were a great hardship for her.

For a long time it seemed impossible for her to remember and relive her childhood emotions because she looked upon her childhood memories through the eyes of the grownups: her mother, the nurses, later her teachers. Finally by gaining some objectivity about her mother's personality by understanding better her father's position in the family by analyzing some of her anxieties of him she became free enough to revive the anxious and bitter feelings of her childhood and later to achieve a certain remoteness from the childhood situation. Very hesitantly she began to allow herself some criticism of her mother and her sisters. Slowly overcoming the fear of her own courage she harshly expressed some personal opinions of the women about her: how they took advantage of her readiness to serve, how they lacked responsibility, etc. The transference situation had developed favorably after her father relationship had been analyzed she could identify with the analyst.

Unfortunately her analysis could not be completed for external reasons and many of her analytic achievements could not be sufficiently worked through. But she did in a certain degree receive what she had requested when she first came: some understanding of children. Now children liked her much better than before. She was not afraid of them and was happier and more interested in her job. The first signs of this change appeared when in her analysis she began to have some feelings for her own fate as a child. These feelings she could indulge only after she had managed to achieve some objectivity toward her mothers. This started her on the road to maturity.

She had not been able to mature normally because in early childhood she had received the wrong frustrations and the wrong gratifications. She had been constantly forced into the company of older children, no provisions being made

for her own position either in the family or among other children. More important, however, was that she never received the love and attention she needed. Confused, panicky, and lonely, she was always dragged along by the person in charge.

Theoretically, as a young child, she had two neurotic alternatives: to withdraw narcissistically and give way fully to her depression, or to be the weak and submissive little child who caused no trouble, to repress her aggressions and other impulses at the cost of her ego development. Choosing the latter (for reasons which need not be elaborated here), she remained a helpless baby and was rewarded by seduction. This became the period of her fixation. The objects of identification were themselves immature people who found the patient's submissiveness very convenient.

We have chosen this one history as one of many possible examples of this kind of self-satisfying immaturity and aggressiveness that blocks empathy with children.

During the course of this analysis I was very interested to watch the patient's slowly developing interest in children. Especially after we had worked through her strongest resistance, the resistance against seeing her mother realistically, and after she subsequently permitted herself to remember, relive, and actually feel the misery of her childhood, her attitudes toward her group changed. Her fear of the children and her anger disappeared almost completely. She now spoke about the children and no longer only about the mothers. She actually understood her own as well as the children's world of drives and conflicts. And in her analysis she had lost the fear and the shame of talking about her early memories.

This patient had a hysteria. With obsessional neurotics, of course, it never works that easily. Their typical ambivalence makes it hard for them to reconcile their primary drives and, therefore, to work and live happily with children. I say "therefore," because in my opinion the ability to feel as a child feels depends to a large extent on the adult's relationship with himself as a child, and with his mother, of course, since the mother is included in his concept of his early childhood. With obsessional neurotics, to whom cleanliness and orderliness are of crucial importance, the child's temporary dirt and small destructions will make him a fearful and eventually a hated enemy. The people who can adjust to the child's world, who can not only work but live with children are those who have preserved some infantile traits: a certain amount of passivity, which makes possible their admirable patience; some remnants of the belief in magic, which accounts for the lack of overanxiousness; slight anal fixations of a certain order, which facilitate the acceptance of the primary processes continually on display before them; some casualness about de-

struction, which remotely resembles the child's destructive tendencies. These infantile traits in the type of adult to whom I refer do not dominate their personalities or interfere with their sense of reality, their responsibility, or their efficiency in their life with children.

Good childhood or bad, happy or unhappy, if for some reason the adult can allow himself to live with the sufferings of his childhood and reach a degree of reconciliation with them as a part of his development, if he is able to refeel or relive the same emotions he had as a small child on this or another occasion, if he has managed to work through his early experiences (not necessarily in analysis) and come to find it natural in retrospect and remoteness that he did once have infantile needs if he considers those needs of the past as much a part of himself as his history is a part of himself, if in the course of growing up, and perhaps with the aid of his sense of humor, he has gained some perspective toward those needs—then he can begin to take for granted the child's primitive behavior. Then he will not feel seduced and endangered by being confronted with manifestations of the primary processes. Then he can permit himself guardedly to live in the strange fantasy world of children and, by ways of sublimation, to be their guide and enjoy their growth.

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ON MATHEMATICAL "ILLUMINATION" AND THE MATHEMATICAL THOUGHT PROCESS¹

A Contribution to the Genetic Development and Metapsychology of Abstract Thinking

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INTRODUCTION

Fontenelle has said "Mathematicians are like lovers . Grant a mathematician the least principle, and he will draw from it a consequence which you must also grant him and from this consequence another' Ernst Mach in a less poetic vein adds "The power of mathematics rests on its evasion of all unnecessary thought and on its wonderful saving of mental operations" (Bell, 1937)

The present study is an attempt to bring together certain observations concerning the psychological process of 'pure' mathematics and to formulate them in terms of the economic and structural concepts of psychoanalytic theory That data is derived largely from the analysis of a gifted young graduate student in mathematics who is also suffering from a so-called 'strephosymbolia' in reading and writing The analysis of several episodes of mathematical "illumination" has given rise to the present thesis

Pure mathematics is a creative process that stands midway between the arts and sciences It attempts to conceptualize according to its own set of rigorous rules the properties of number and space that are too complex or beyond the ken of immediate apprehension by the sensory perceptual apparatus The following theoretical concepts will be developed The concept of number arises normally in connection with certain stages of the maturation of the perception apparatus during the oedipal period In those with a special mathematical gift it is probable that this maturational sequence takes place at an earlier period in ego development so

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that along with the precocious concepts of number and quantity there remain certain archaic ego defense mechanisms which later are utilized in the creative aspect of the process. A large part of the ordinary process of mathematical thought in these gifted individuals is preconscious and utilizes a capacity for decahexis of the conscious perceptual system. The "illumination" experience is a creative act, as is inspiration in other fields, and utilizes the ego's capacity for controlled regression to unformalized, infantile modes of perceiving space and number. It is a highly overdetermined psychic event which involves all three structural systems as well as the subject's historical individuality.

The author is in no way specially prepared to deal either with the content of mathematics itself nor with the philosophical problems that surround this field. Within the scope of the present formulation this is not a major barrier. It places some limits upon assessing the objective importance of any work done in the field of mathematics by the patient. The evidence that at very least he is highly gifted has been his winning of a mathematics prize and his enrollment for his doctorate in a leading university where requirements in this field are stringent. One can feel sure of these minimal attainments on his part, although the future may prove that his gifts should be rated more highly.

The term "pure" as a modifier of mathematics deserves some attention. It is used here in the obvious sense of denoting one whose interest, like that of Archimedes (Bell, 1937), is centered only upon the properties of number and space, within the framework of necessity imposed by the logic of mathematics itself, without any concern for how, or by whom, it may be utilized. It is also applicable in the psychological sense in which it is referred to by Ella Sharpe (1950) when she states that "the pinnacles of genius. . . are only attained by those who, if the circumstances so fell out, would pursue their unconsciously determined goals to the verge of starvation. . . the 'pure' scientist is as detached from the exigencies of practical life as is the 'pure' artist."

As so often happens in other attempts to separate elements in a highly complex function, the best glimpse is often afforded when a pathological specimen of the phenomenon is studied. In the case about to be reported, the mathematical function stands out as a figure against a background of symptom formation. A similar study has been made by Hermann (1924, 1926, 1929, 1949, 1950) without recourse to analytic case material. Jones (1931) has studied a comparable problem in his fascinating reconstruction of the case of the chess player, Paul Morphy, but with interest centering primarily upon the instinctual contributions rather than the ego aspects of chess.

CASE REPORT

In the case about to be reported there were two episodes of sudden illumination of mathematical problems. These occurred in contexts that made it possible to analyze some of the genetic and economic factors involved. The first was connected with a term thesis that dealt with a certain aspect of Riemannian geometry. The patient needed a certain book on mathematics which was out of print in order to find a forgotten theorem that was necessary for his proof. Instead of going to the university mathematics library (where he was not a student at the time) he wrote to his father in a distant city requesting that he send him the book. When the package arrived one morning in the mail he had a sudden inspiration for a short-cut method of reaching the same result by an original method without even removing the wrapping. On another occasion the patient had been disappointed by his girl friend at the last minute in a date to go to the theater on his birthday. While brooding about this episode one night shortly before going to sleep, it suddenly occurred to him that the interval integer for all Goldbach's pairs over the number five were divisible by six. (A Goldbach pair consists of two prime numbers separated by one integer, e.g., 5 and 7, 11 and 13, etc.) The pair of dreams following this episode of minor illumination will be discussed later in the case report. The history of the patient follows.

When the patient was first seen three years ago he was a twenty-one year-old student of mathematics who was about to enter graduate school for his doctoral training. He first became aware of psychological difficulties in the winter of 1950 when he was declared ineligible for the draft because of 'neurotic difficulties'. At that time he expressed his difficulties as follows: 'I seem to get periods of panic. I have a confusion about life values. I am particularly concerned about my failure to talk to girls on an ordinary human level. I seem to keep a great distance from them. It gives me a sense of social isolation. I seem to want to idealize women and get to know them better, but if a girl begins to like me I seem to do everything possible to make her feel that I am detached and uninterested. At other times I get all mixed up with women. I don't really care for. In addition he felt that a rather severe reading and spelling difficulty that dated from his earliest school years might also be of psychological origin. It had been called on several occasions during his childhood a 'strephosymbolia due to a double reading center'. It had always been implied that this was an inborn defect that could only be overcome by training. Without being able to read more quickly or to spell more accurately he feared that he might be held back from achieving his academic goals.

The patient was referred for analysis following a consultation with a colleague and a painstaking diagnostic workup. The result of this study, however, left the precise diagnostic classification in doubt. Some of the data in the psychological test battery suggested a latent psychosis. In spite of the malignant potentialities suggested, it was felt after several weeks of vis-à-vis sessions, that

a classical analytic technique could be tolerated. In three years of this procedure there has been no evidence of any disturbance of reality testing.

The patient is the youngest of three siblings, coming from an old American family of wealth and respected standing in the community in which he was born. For two generations before the patient's birth, the men on the paternal side of the family have been able to follow rather specialized and narrow fields of scientific endeavor without any concern for the practical problems of earning a living because of the wealth handed down by the paternal grandfather in a carefully guarded trust of "gilt-edge securities." Several members of the family, including the father, have high academic rank in leading universities. The tradition among them is to return their salaries as donations to the university.

The patient grew up with the feeling that the opportunity to pursue scholarly research is sufficient compensation in itself and that the possession of wealth places a great burden of social responsibility for the contribution of creative or original work. At the age of twenty-one he had come into an income which could be expected to make him financially secure for all ordinary eventualities for the rest of his life.

From early infancy the patient is said to have been a very sensitive child. At an early age he had shown extreme intolerance of loud noises. There has been a lifelong interest in music and the building of high fidelity record players of ever increasing refinement. At the age of three he was subjected to a flash bulb exposure during the taking of an indoor family photograph. It is said that his eyes teared and appeared reddened for several days thereafter. One of his present complaints is still a marked photophobia especially on awakening in the morning. At the age of fourteen he complained of being able to see floating specks in his peripheral areas of vision and a diagnosis of "drusen" due to floating vitreous opacities was made by an ophthalmologist. Glasses are worn for myopia. A curious game of playing with his visual accommodation was also recounted during the analysis. This consists of being able to make both near and fairly distant objects blur and come back into sharp focus at will. (This data is presented because it is felt that it has a bearing upon the selectivity of attention which is part of the precocious acquiring of the number concept. This will be discussed below.) On one occasion it was a source of almost missing an analytic session when he failed to read the street numbers correctly from the bus.

The patient's first dream was reported in his third session on the couch.

I am lying on a bed in a darkened room with a window at one end of it which is lighted as if from the street. I am considering whether I should masturbate. Suddenly from behind the drape next to the window, I see silhouetted against the light the figure of my father.

The patient recalled that as a child around the age of four or five, he had had a severe pavor nocturnus. A night light used to be left burning in his room. He recalled that on many occasions when he was about five years of age he was

suddenly no longer allowed into his mother's bed and the night terrors disappeared shortly after this. Different versions of this experience presented themselves at various times. In one which had the clearest implications of a screen memory he finds his mother's bed as empty except for a pillow left under the covers to simulate a body. The dream appeared to focus upon several problems. The appearance of the father from behind a drape refers to scopophilic primal scene interests with special reference to father's erection (the silhouette). The light from the street and the window to direct primal scene curiosity and its replacement by curiosity in the intellectual sphere. This latter is suggested in the reference to the delay in instinctual gratification. "I am considering whether I should masturbate." The dream appears to refer therefore to the process of sublimation and the turning of the night light of the pavor nocturnus into intellectual light.

In the early phase of the analysis the patient presented the picture of an aloof inhibited young man with an exaggerated elegant politeness and a somewhat unbending aristocratic bearing. There was considerable loosening up of his behavior as the treatment progressed so that he became capable of laughter and occasional humor. He is tall and thin with what can best be described as a typical scholar's pallor. He speaks with a full varied vocabulary and expresses himself well. Intellectualization was a favorite defense with a preference for generalizations on philosophical and aesthetic themes. Specific data concerning events and persons were obtained at first with the greatest difficulty. The patient's polite tones took on a disparaging quality whenever he had occasion to refer to his parents particularly his father. His older sisters were always treated with considerable sympathy as if they were all companions in misery and objects of parental misunderstanding like himself. The first picture of the father obtained was that of a cold detached scientist closeted in his study with little time for his children. His field of study dealt with inanimate objects for which he is said to have had a greater affection than for his children. The patient says of him: "I am certain that he neither knew how nor had time to beget children—we were probably conceived by artificial insemination." Although this disparagement appeared on the surface to be directed toward the father's many idiosyncrasies and petty foibles the underlying feeling was one of having been rejected by him. He accused his father of paying little attention to his (the patient's) mathematical attainments. Thus he attributed to his father's envy and his inability to countenance an intellectual rival in his home. He took pains to read me his father's letters to demonstrate the commonplace quality of the content and the failure on his father's part to attempt any interchange of ideas with him. He complained frequently of his father's inability to listen to him because of preoccupation with his own thoughts. "We only speak to each other in terse phrases about immediate everyday matters." Later in the analysis the father began to appear as a man given to violent outbursts of temper toward whom the rest of the family was forced to adopt a constant placating and conciliatory attitude. The mother has appeared variously as a

good woman without any intellectual interests as a woman interested in poetry, gardening and literature, and at other times as a bustling inefficient creature who expended her energy on too many tasks and who in attempting to organize the lives of her relatives, produced great disorganization in her own life. Although expressing great concern for his physical needs she usually forgot his specific requests. During one winter, he had written home requesting a pair of woollen gloves (it is quite possible that parts of the letter were not legible). When his mother failed to supply the gloves he went around for the rest of the winter with exposed hands pointing out the fact that his knuckles had become reddened and cracked. He seemed to enjoy the Spartan quality of his suffering and preferred the mute testimony to his mother's neglect, to the procuring of gloves. It has always angered him to have to remind his mother to do something for him.

During the first few sessions of the treatment the patient brought small samples of his creative productions: poems in free verse, small drawings and abstract sculpture made with wire and solder. An example of one of his poems follows:

Community! We honor the community,
It is a bit of stale hred and some red wine
They speak of things earnestly, long and tedes
There heds all wage in unisen, community
Democracy and ruls of order fill their munds
Edicts are reaffirmed by the majority
The word that rattles on thuck lips: community²

In all of these offerings the patient had the conscious purpose of saying that, to him aside from mathematics only art was important. In all of his artistic productions sound and form take precedence over meaning. Along with his interest in poetry and art went a great love of music, particularly Bach. On several occasions he described the marked hypnagogic effect which listening to music had upon him: 'It was like sinking back into a soft wave. With the cessation of the sound he often found himself 'coming to' with a feeling of being startled. There was considerable sensitivity to the timbre and quality of voice sounds and the literary style of speech. The unconscious purpose of bringing his artistic productions was to elicit in me the interest his father withheld from him.

There appeared to be a close connection between his artistic interests and his falling in love. His first crush occurred in the last year in high school. The girl was an intellectual, somewhat older than the patient for whom he had a 'pure and tender love from a great distance.' He never revealed his feelings and it was some time before he could get up the courage to talk to this young woman at all. His second romantic attachment occurred in the first year of college. This girl

² Spelling errors are retained in their original form

was also older a statistician who cared very little for the usual college social life. Their relationship consisted of long walks and was nurtured on concerts philosophy and art exhibits. Part of her attraction for the patient was that she did not make me feel as if I were in competition with the usual Ivy League stereotype. The patient became depressed and felt himself betrayed when the girl announced her engagement to another boy. A second similar attempted romance with a classmate whom he considered an intellectual equal although in a different field from his own also ended in an acute disappointment. This was followed by a series of minor romances with empty headed girls whom the patient succeeded in overpowering with my mind quickly losing interest when the girls showed any evidence of responding to him.

The patient began his schooling with kindergarten in his fifth year. It took several months before his mother was able to leave him alone in school. The first and second grades of school seem to have gone fairly well. He has a relative amnesia for the third and fourth grades. These were apparently the years in which subsequent reading and spelling performance tests reveal that he had the greatest learning difficulty. From his fifth year on the patient left school during the other children's play period and was driven in his chauffeured car across town where a special tutor attempted to help him catch up in his reading and spelling without much success. These attempts continued in college where the patient spent two summers at a reading clinic. The test curves in reading and spelling performance (Blanchard 1947 Pearson 1952) reveal an initial average level with a sharp drop at the third and fourth year levels and a gradual rise in the spelling and reading of eighth and ninth grade words. First attempts to teach him to read were by the word and picture recognition method. Later it was found that he could do somewhat better when the phonetic method was substituted.

The patient's arithmetical abilities were well in advance of his years. At the age of nine he could use a slide rule accurately for complex arithmetical computations. He has very little recollection of being taught arithmetic and his talent in this field was unnoticed and more or less overshadowed by the reading deficit. His mathematical ability was not discovered until the eighth grade when the patient was allowed to go ahead of the class in plane geometry and later in algebra both of which he mastered in an unusually short time. During this period of his schooling a striking character change was also noted. Previously a shy and timid child who was usually found on the periphery of the group he became more assertive in his class relationships and was sometimes thought of as arrogant toward the less advanced students with a tendency to use his learning in an overbearing manner.

Mathematical and alphabetical content have appeared rather frequently in his dreams. The first such dream was reported after the patient had begun his first overtly sexual affair with a young woman who was also in analysis. This consisted of mutual masturbation. He felt a great deal of guilt over this affair and had constant arguments and disagreements with the young woman. Although

he talked freely about his partner, he refused for a long time to disclose the name of her analyst. Subsequent material indicated clearly that the girl represented a sister figure (the younger and belittled sister) while the other analyst clearly represented a maternal figure. She was in fact a woman. The clear wish in this acting out was to prevent the sexual union of the parental figures behind the backs of their children. In this setting the following dream was recounted.

I am sitting on the floor and see a snapping turtle through a crack in the door of a room. It is my job to keep the turtle in the room, but it seemed to force its way out despite my vigilance.

In a second dream the same night

I see a small 'e' to the 'x' power times an equation. I realize that I should factor it out and that 'e' to the 'x' power is a psychoanalyst which must be taken into account in each factor.

This dream occurred shortly after the episode of sudden illumination of the problem in Reimannian geometry when his father's book came in the mail. This solution had in fact involved the sudden realization that a factoring operation was involved. (It is important to recall that factoring is, in effect, the recognition of two or more antecedent quantities which produce a certain product by multiplication.)

As a child the patient had thought that all turtles were snapping turtles but was fascinated by them and liked to keep one in a pail. The turtle also reminded him of an individual who retires into his own shell and shuts out the world (like father). He has noticed that turtles blink in the sun and has associated this to the darkness within their shells and to his own photophobia on exposure to bright light. Turtles can see the outside world while themselves remaining unseen. The crack in the door referred to early peeping experiences at his sisters. The room recalled his own bedroom at home, and his mother's practice of watching him through a crack in the door when he first went to kindergarten, because of his terror at being left by her. His vigilance at keeping something from coming out referred to recent sexual experiences. The revelation of his sexual urges could be tolerated within the privacy of my office. If I knew the name of his girl's analyst we might discuss him behind his back. This apparently referred to the frequently mentioned fantasy that his parents regard him as an asexual being and would be shocked to discover that he has erotic feelings (a complete reversal of the true state of affairs). In the second dream the small "e" is a constant, the base of the logarithmic table.

The 'x' power in addition to the obvious 'unknown quantity' referred to an X-ray examination and the penetrating power of X-rays. The radiologist had walked around his office wearing a pair of red goggles. He felt that this was either an exhibitionistic affectation on his part or for the purpose of protecting the physician's eyes from the noxious effects of radiation. Although he had made

the observation that the radiologist removed the red goggles while doing fluoroscopy he had forgotten this detail because it would have necessitated a revision of his hypothesis in a direction that was unacceptable namely that the goggles were for the purpose of obviating the need for readjustment each time the radiologist went from the light into the dark room. The suppressed observation later led to problems of seeing in the dark, his early pavor nocturnus and primal scene fantasies. The dream is presented to indicate the relationship of the illumination experience to the primal scene problem. e to the x power is a psychoanalyst who must be taken into account in each factor. In the transference two analysts must be kept separate and unknown to each other. In the solution to the problem it is suddenly realized that two factors go into the formation of a certain product.

Two themes are referred to which are of importance for the development of the theoretical formulations which will follow. The first refers to the selective use of perception in the service of drive and defense in scopophilic fantasies and the second to the narcissistic withdrawal from the real darkness and light surrounding the functional relationships of parental objects and their investment in the neutral symbols and relationships of mathematical invention.

The use of projection and narcissistic withdrawal was illustrated by a series of mirror dreams. The following is an example.

I am in the garden at home with B. A woman's voice is directing me. She is short and blonde. She was walking on a stone path away from me. I find myself looking through a glass window which is also a mirror. She appears to have a disease and the glass indicates that it is verboten to get closer. I write to her on the window backwards and to the left so that she can read it without having to reverse the words. I recall the letters e , r and w . It is like writing with soap on a looking glass. On the other side there is a garden party. The garden is filled with elegant people. Someone is commenting about my parents in French and Russian.

The letters remind him of his reading and spelling defect. These are some of the letters that he most frequently omits or inserts in the errors encountered in both reading and spelling. The looking glass reminds him of Lewis Carroll who was also a mathematician. When Alice looked through the glass one room was warm and homey and the other side of the glass was cold and strange. As a child he was very much interested in women's clothes and liked to watch his mother's dressmaker put things on the dressmaker's dummy. The soap refers to masturbatory practices. Coldness is one of his complaints against his mother. The written word is for communication with people who are gone or at a distance. Writing refers to his love letters which are elegant but devoid of any real warmth. Written words are like eternal things. The two rooms also refer to his parents' bedrooms. As long as the patient could remember they always occupied separate rooms. Elegance refers to a mathematical proof which excludes unneces-

sary steps and to a quality which he attributes to his paternal grandparents and which he feels is lacking in his own parents

This and other mirror dreams suggested one of the central meanings of his pavor nocturnus. At the age of two or three the patient's care was given over largely to a *Fraulein*, the short blonde woman of the dream. This must have been experienced as a rejection by his mother, and his clinging to his mother was intensified thereafter. The experience of awakening in his mother's bed after a nightmare to find not his mother but a pillow lying next to him under the covers was the screen memory covering his feelings of rejection by her. He referred to this as a shameful hoax to play on a small child. The night terror consisted of a sudden awakening and rushing down the hall to his mother's room. During the oedipal phase the object of the visit was to determine that each parent was safe in his respective bedroom. The reserve of the parents with each other and the children and the absence of any overt display of physical tenderness were all woven by the patient into a sadistic masturbatory fantasy of parental intercourse as an act performed at a distance by artificial insemination. This fantasy is reproduced in his own complaint of distance from women and the inability to meet them on an ordinary human level.

The complex interrelation of his positive and negative oedipal strivings is further elaborated in another series of dreams which bears upon another episode of mathematical illumination. During the second year of the analysis the patient had begun to have intercourse with a young woman who also had rather overt manifestations of Lesbian tendencies. He was remarkably tolerant of her relations with other women however. Several months after the beginning of this affair the young woman refused to continue their sexual relationship. On one occasion she had stood him up on his birthday. The patient became depressed and sought solace in attempting to work out a problem in number theory which eluded him. He had a series of dreams following this episode. These dreams illustrate among other problems his selective lack of attention to details of feminine importance, his rejection of his own femininity, his rejection by women because of this inattention and his defense against the affects produced by a retreat into mathematical thinking.

I am lying on an operating table. There is a rubber tube in my urethra. Some nurses are pouring plaster of paris into the tube to make a cast of the urethra. I am afraid that when they pull it out it will be very painful and there will be a destruction of tissue.

On the previous day the patient had had an impression taken of his mouth for some dental work. The rubber tube referred to a description he had once heard of a catheterization which always made him shudder. He is amazed at how unabashed he feels when exposed in front of nurses. This is in marked contrast to his difficulty in talking to me about sexual problems. The white cast was associated to tampons that he had seen in his girl's bathroom the previous week but only after I had suggested the similarity. The patient was reminded of

his almost total unawareness of the female menstrual cycle although he could discuss it learnedly from courses in biology

During this period of the analysis the patient had been coming to his session immediately following another patient who was in her eighth month of pregnancy. On the day following the urethral dream he reported the following pair of dreams

I am lying on a bed next to a woman. We are both naked and reading books. The woman has a cold and we feel no sexual attraction for each other. I am reading the "Gospel According to St. John" from the bible.

In the second dream there are no visual images. There are thoughts about number theory. I realize that numbers can be divided into three groups on the basis of the sum of their divisors.

The patient had been reading the "Gospel According to St. John" that evening. It had also occurred to him suddenly on this same evening that the number between a "Goldbach pair" beginning with five was always divisible by six. Although this was not a particularly productive "illumination" it made him feel contented when the proof gradually unfolded itself for him. He wanted to tell me about it on the following day since it was too small a matter to bring to his professor of mathematics. His association to St. John was that he counseled meditation and told the parable of Christ's protection of the adulterous woman. He had noticed that the patient who came before him had a cold. He speculated humorously on the source of her infection. Grouping numbers on the basis of the sum of their divisors produces three number groups: those where the sum is less than the number, more than the number, or equal to the number itself. The numbers in this last group are called "pure" numbers. He had not felt so bitter about "L's" refusal of sexual relations after the solution of the number theorem. He associated the Goldbach pair and the intervening number to the family triangle (the former are the parents, the latter the child). The triad presents three pairing possibilities: father and mother, mother and child, and father and child. At the end of the session the patient was startled when I pointed out to him that he had completely suppressed the observation of the previous patient's pregnancy.

Both dreams refer to passive feminine wishes which play a large role in the illumination process. The rejection of his own femininity plays an important role in his distance from love objects. It had never occurred to the patient that when his girl friend had denied him intercourse she might have been menstruating. The substitution of thinking (the "meditation" of St. John)

³ The "Gospel According to St. John" emphasizes the mystic union of father and son. "There was a man sent from God whose name was John. The same came for a witness to bear witness of the Light that all men through him might believe. He was not that Light but was sent to bear witness of that Light." (Bates, E. S., *The Bible Designed to be Read as Living Literature: the Old and New Testaments in the King James Version*, New York: Simon and Schuster, 1937, pp. 1006-1007.)

for erotic feeling is illustrated in the theorem concerning the Goldbach's pairs. This was interpreted as a gift to the analyst (in this case a paternal figure) in which the patient plays the feminine role.

The patient's study habits are also of considerable interest and have a relationship to the structure of the childhood *pavor nocturnus*. He has a marked preference for doing his mathematical work during the hours of darkness. On many occasions he has begun to work in the early evening and has had the experience of suddenly noticing that it was morning. It is not unusual for him to have intense periods of concentration on mathematical work lasting as long as fourteen hours during which he is unaware of hunger, fatigue, or the stimuli arising from a full bladder. He is unaware of any desire to sleep during such periods and has a mild elation. In part his study habits are an identification with his father who worked late into the night. But the marked inhibition of any desire to work at mathematics during the daylight hours suggests an association between the resolution of the early *pavor nocturnus* and the hypercathexis of intellectual functioning.

The results of the patient's analysis to date can be summarized as follows: There has been a greater capacity for spontaneity in personal relationships, he has been able to engage in an active, although disturbed, heterosexual relationship. There has been definite improvement in his reading and writing ability, especially in the speed of reading and the accuracy of spelling which was his most burdensome academic handicap.

Lastly, I would like to extract a few pertinent details from the observations made in the psychological test battery.⁴ In the subtests the patient revealed a considerable scatter of his abilities from perfect arithmetic ability to an extremely low score on the similarities which related to his insistence on handling each answer in a highly personalized and, in some cases, symbolic manner. In the Rorschach material "three extremely unusual features in his actual perceptual experience" are noted. The first is "so rare that it has been noted by the tester in only two cases examined by the stress tolerance test among battle casualties." This is a synesthesia involving visual stimuli and sound. The patient hears the sound given by the impression of "fighting cats" in one of the cards. In the second type of dyesthetic response he sees a bright yellow sky on a card which presents only black and white stimuli. A third unusual dyesthesia is seen in the attributing the quality of darkness to the white spaces of some of the cards. Over and above these perceptual deviations the tester finds a bizarre quality to the content of the Rorschach material. The patient takes great pains to give unusual responses. There is an emphasis on oral and anal characteristics.⁵ An animal is seen eating and defecating at the same time⁶ or "breaking through portals and leaving something behind it on its

⁴ The psychological testing was done by Dr. Molly Harrower. I am indebted to her for permission to utilize her material in this report.

⁵ See Brill (1940).

⁶ Cf. also Strachey (1927).

trail ' The response to color is described as 'symbolic.' The patient sees 'day and night' in the red and blue of one card. The tester felt that there was a marked insufficiency of 'garden variety' responses. The tests were interpreted as containing potentialities for unusual talents as well as psychosis.

DISCUSSION

1 *The Role of the Preconscious Process*

Of necessity the data derived from the patient is presented in outline and in fragmentary form. In order not to be taken too far afield, the reading and spelling disability, which constitutes a fascinating clinical problem in its own right, is only being considered in so far as it bears upon the present problem.

Most of academic psychology in the past has attempted to study calculation and mathematical thinking at a purely conscious and descriptive level (Adler, 1933, Barlow, 1952, Binet, 1891, Grau, 1937, Hahn, 1927, Ioteyko, 1910, Jakobsson, 1944, Kommerell, 1928, LaFora, 1935, Menzerath, 1913, Moebius, 1907, Oehl, 1935, Scherer, Rothman, and Goldstein, 1945, Ravina, 1946). This usually leads to a reworking of the content of the mathematical process itself into verbal form or an attempt to find a qualitatively different use of perceptual imagery and memory in calculators or mathematicians (Binet, 1891, Scherer et al., 1945).

The observations concerning the preconscious aspects of the mathematical process came first not from the psychologists but from the introspective observations of the mathematicians themselves. Helmholtz and Gauss first spoke of the quality of 'revelation' in mathematical creation. Poincaré's (1952, 1952a) ideas in this connection are of particular interest. The mathematician Hadamard (1945) was stimulated by these observations to attempt an organized theory of the psychology of mathematical invention. He implicitly recognizes the preconscious aspects of much goal directed problem solving activity, as did Poincaré.

Kris (1950), in considering the problem solving functions of the ego, says,

the automatic functions of the ego are commonly considered to include a special kind of preconscious process which becomes conscious only in case of danger or under other special requirements. Consciousness in these instances is no guarantee of improved function. On the contrary, automatic (habit) responses in driving automobiles or the use of tools for instance, seem to have undoubted advantages. Similarly the shift from consciousness to preconsciousness may account for the experience of clarification that occurs when after intense concentration the solution to an insoluble

problem suddenly presents itself following a period of rest. *Briefly, we suggest that hypercathexis of preconscious mental activity with some quantity of energy withdrawn from the object world to the ego—from the system percept to preconscious thinking—accounts for some of the extraordinary achievements of mentation*

Piaget (1952) in a most beautiful experimental study of the stages of the development of the conception of number demonstrates several facts of considerable importance. The true conceptualization of number is quite distinct from the process of the mere verbal reproduction of integers.[†] The ability to comprehend the crude notion of quantity begins at about the age of four and proceeds in three fairly definite stages. The final stage in which the quantitatively exact notion of number is finally fixed is usually at about the age of six years.

In children of average intelligence the three stages of conceptualization are primarily dependent upon the maturation of the processes of perception. In the first stage, if a child is asked to place in front of a series of saucers a series of cups so that there is one cup for each saucer, he will be able to make only a crudely qualitative attempt. In the second stage, he will be successful at the first task, but if now one or another row of objects is disturbed in its spatial arrangement, the child no longer realizes that each row contains the same number of objects. In the third stage, after placing the objects in a one-to-one relationship, no matter how the row of cups is spread out or compressed in relation to the row of saucers, the child will always realize that numerically they are the same. Piaget also expresses this another way. In the first stage perception is global and cannot take in enough data for a precise estimate. In the second stage perception is more selective, and two aspects of a group of objects can be attended to so that the notion of quantity is possible but irrelevant data cannot be excluded so that the concept cannot remain fixed. In the third stage the processes of perception are capable not only of including more than one aspect of the group of objects so that a quantitative estimate can be made but also of excluding the irrelevant data (so far as counting is concerned) that the objects have been rearranged.

Translated into the framework of the cathexis of attention, the first stage would correspond to that period when the total cathexis of attention is involved in one direction at a given moment. The cups and saucers can only be perceived as a group of objects. In the second stage

[†]The theoretical formulations of Costa (1950), Hermann (1949) and Schilder (1936-1912) should also be seen in this connection.

the cathexis of attention is capable of being divided between two aspects of the group of objects, i.e., the saucers as discrete objects and the interval between each saucer. In the third stage once the child has placed the cups and saucers in their one to one correspondence, he retains the concept of their numerical equivalence, as long as no objects are removed or added, whatever other rearrangements are made. The decisive change at this stage appears to be the ability to utilize a mobile counter-cathetic energy which excludes the irrelevant aspects of the new data presented to the process of perception.

The investigations of Bergman and Escalona (1949) and Leitch and Escalona (1949) afford some interesting data for further speculation concerning some of the genetic aspects of the problem. These workers support Hartmann's formulations (1939, 1951, 1952)* concerning the simultaneous origin of ego and id with differentiation occurring as a maturational as well as a reactive process to the reality principle. The perception motility apparatuses are part of the inborn structure of the ego and as such contribute to the formation of the mature ego. Bergman and Escalona's observations on infants with unusual sensitivities have given rise to the hypothesis that precocious ego development, which is related both to the development of susceptibility to psychosis and of unusual intellectual or artistic talents, may get its initial impetus from processes set in motion by the low threshold of the stimulus barrier in certain infants. The variations in threshold may be either of organic hereditary origin, or it may be due to insufficient maternal protection in the broadest sense of this term. Their observations and the hypotheses arising from them provide some helpful links in the chain of evidence that is being proposed. It is suggested by them that the need to erect secondary protective barriers against excessive external stimuli produces the capacity for certain ego functions that would ordinarily mature at a later date. It is suggested here that these secondary barriers thus erected are precursors of the process of selective counter-cathexis of perceptual data as described above. In these infants, therefore, an ego process is available precociously, for the decisive third stage, described by Piaget. Some of the clinical data in the patient are also consistent with this hypothesis. There are suggestive borderline features as far as psychosis is concerned. Sensory hyper-sensitivity is still evident in his startle reaction to commonplace auditory stimuli and in his photophobia. Music has played a prominent role in his life and is still capable of producing in him a kind of hypnagogic state. (It is to be recalled in this connection how prominent a role music,

* See also Hartmann, Kris and Loewenstein (1949) and the Symposium on "The Mutual Influences in the Development of Ego and Id." *This Annual*, VII

both in its melodic and rhythmic aspects plays in the description of cases of so-called 'infantile autism'. The peculiar sensory synesthesias and dyesthesias of the Rorschach and the overall resemblance to certain responses in the stress tolerance test in the traumatic battle neurosis are also significant. The precocious character of the patient's arithmetical achievements should also be recalled in this connection. He achieves a perfect score in the psychological battery and apparently came to his first-grade work with a well-developed arithmetical capacity. During the time that the other children were engaged in learning about numbers the patient was being given special tutoring in reading. He has very little sense of ever having been taught arithmetic. When he was finally exposed to elementary algebra and geometry, he encompassed these subjects in a short time and again has little recollection of a learning process in the sense of the expenditure of attention energy in these fields.

Precocity in mathematics is perhaps a more outstanding quality of genius in this field than in any other with the exception perhaps of music. It is unmatched in any other area of intellectual endeavor. Ordinary mathematical ability does not have this characteristic (Beke, 1933). Pascal discovered his projective geometry at the age of sixteen (Bell, 1937) (it is also noted that he suffered from severe hypochondriasis and occasional hallucinatory experiences). Newton had a premature birth and is described as a 'sensitive child' who could not engage in physical activities but revealed prodigious intellectual endowments in childhood (Bell, 1937). By the age of twenty-one he had laid the basis for all his later mathematical work. It may be of some significance that at the age of fifty he suffered from an involutional melancholia with paranoid features. The Bernoulli family are often adduced as evidence of the constitutional origin (Bieberbach, 1931; Moebius, 1907; Poponoe, 1930-31) of intellectual genius having produced eight mathematicians of the first rank in four generations. Monge² the author of descriptive geometry, became a professor of physics at the University of Lyons at the age of sixteen. Fourier began his mathematical work at the age of thirteen after a childhood that is described as being 'wayward, petulant and destructive'. Gauss was an infant prodigy at the age of two and is said to have shown a highly original capacity for arithmetization at the age of three. He is also described as having 'a constitutional predisposition to hypochondria'. Cauchy, another child phenomenon was always considered sensitive and eccentric by his associates. Jacobi began his original mathematical work at the age of twelve. Hamilton is said to have had a complete mastery

² For the following biographical data see Bell (1937).

of arithmetical operations at the age of three. His life was characterized by a marked tendency to withdraw from social relationships. Galois whose life is worth a special study in this connection wrote down a summary of years of creative mathematical thinking at the age of twenty on the night before he was killed in a senseless duel (Infeld, 1918). His short paper on the theory of equations which survived for posterity marked him as one of the greatest mathematicians of all time. Cayley, another sensitive child, is described as having been a 'wizard at calculation' at the age of eight years. This is but a fragmentary list that could be expanded in the same vein for several pages.

A curious group of rare individuals, known as the lightning calculators (Ameline, 1913, Barlow, 1952, Binet, 1891, Brill, 1910, Ioteyko 1910, Jakobsson, 1914, LaFara, 1935, Menzerath 1913, Scherer, Rothman, and Goldstein, 1915, Ravina 1916) will also bear scrutiny. In the past many of these individuals have been described as 'feeble minded.' This is a difficult description to evaluate in the absence of our current methods of psychological testing. Feats of purely mental computation are recorded in them that rival the operations of mechanical calculating machines. Several phenomena stand out in these individuals which further support certain aspects of the present formulation.

(1) Precocity is a striking feature of this capacity. It was never a development of their adult lives.

(2) The speed of the mental operation defies description in terms of any mere dissection of the arithmetical steps involved. For example a lightning calculator by the name of Colburn at the age of six could give correct responses in four seconds to such problems as 'what number multiplied by itself is equal to a given number of six integers' (Barlow, 1952, Poponoe, 1930-31). It had been asserted for centuries that the number four billion two hundred and ninety four million, nine hundred and sixty seven thousand, two hundred and ninety seven (4,294,967,297, or 2 to the 32 power plus one) was a prime number. Euler had discovered by complex mathematical means that this was incorrect and that it could be factored into 611 times 6700 117. Colburn came to the same result in less than a minute by a purely mental process. Bidder was being exhibited as a lightning calculator at the age of four. At the age of ten he could respond in a few seconds to such problems as how many times does 1728 go into the cube of 36. Sifford another calculating prodigy who later became professor of astronomy gave the correct answer in less than a minute to the following problem. 'What number is it that being divided by the product of its digits the quotient will be 3 and if 18 be added to the quotient the digits will be reversed.' In solving these kinds

of problems Safford is described as going through a series of bizarre and complex postures and movements¹⁰ Many similar feats among others are recorded

(3) Practically none of the subjects studied have ever been able to give satisfactory accounts of the speed of the process, although some could give the conscious operations Inaudi, a famous Italian calculator who was completely illiterate, stated that he heard the answers as if spoken by an outside voice (Barlow, 1952, Bieberbach, 1931) In this connection we should recall Kris' (1950) statement concerning states of inspiration where the preconscious process is felt as coming from outside of the ego Diamandi, another lightning calculator, claimed that he saw colors during the mental process and that he associated a different color to each of the integers (Barlow, 1952, Bieberbach, 1934, Ioteyko, 1910) Colburn and Arumogani, the latter another so-called 'feeble minded' calculating genius each had supernumerary digits and toes (six on each hand and foot) (Barlow, 1952) It has been suggested that in their cases a duo-decimal system, which has certain advantages for rapid multiplication and division, arose on a body image basis Shakuntala Devi, a young Indian woman described as the 'human Comptometer,' recently gave a television performance in England She is unable to give an account of her mental processes and has a deep religious conviction that they are a gift from God She usually spends twenty four hours immediately preceding a demonstration in what she describes as a state of 'concentration' The state of concentration consists of making her mind a blank screen as far as possible, thinking of nothing at all (Barlow, 1952) This exercise would appear to be an excellent example of an attempt to decathect all conscious perceptual images Some of the more educated calculators are no more successful in the process of self observation than the illiterate and unsophisticated ones

(4) Almost as curious as the ability itself is the large number of lightning calculators who appear to be feeble minded (Barlow, 1952, LaFora, 1935, Menzerath 1913, Poponoe, 1930 1931) as did the 'Idiot Savant' studied by Scherer, Rothman, and Goldstein (1945) Verhaege a Dutch boy, was said to have had a mental age of two years (Barlow, 1952) Yet from the types of problems that he was able to comprehend and respond to, it is difficult to believe that this was a true case of mental defect One may hazard a guess that a closer study of such cases according to our present concepts would rather place these individuals in the category of childhood schizophrenia or so called infantile autism

¹⁰ See also Jones (1913)

(5) Lastly, and most interesting is the repeated observation on the frequency with which these prodigies lose their capacities as they mature, often becoming even rather average paper computers. It has been proposed by several observers (Barlow, 1952, Scherer et al., 1945) that this is related to education and to the loss of interest in the narrow field of arithmetical computation. In the general sense this is probably correct, and yet it does not explain the retention of the ability by some of the most distinguished and educated members of this group of individuals who retain their infantile abilities throughout life. George Parker Bidder, born in 1805 in Devonshire, an infant calculating prodigy who in spite of education and sophistication retained his calculating ability has the following to say about his mental processes:

Suppose I had to multiply 89 by 73 I should say exactly 6497. If I read the figures written out before me I could not express a result more correctly or more rapidly. This facility has however tended to deceive me for I fancied that I possessed a multiplication table up to 100×100 and when in full practice even beyond that but I was in error. The fact that I go through the whole operation of the computation in that short interval of time, which it takes me to announce the result, the velocity of the mental processes cannot be adequately expressed: the utterances of words cannot equal it. Were my powers of registration at all equal to the powers of reasoning or execution I should have no difficulty in an inconceivably short time, in composing a voluminous table of logarithms. [In another place he states:] The reason for my obtaining the peculiar power of dealing with numbers may be attributed to the fact that I knew the value of numbers before I knew the symbolic figures (arabic). In consequence of this numbers have always had a significance and a meaning for me very different from that which figures convey to children in general [Barlow 1952].¹¹

It would appear that Bidder might well be saying that for him the concept of number is not indissolubly bound up with the visual image of the arabic numerals. The riddle of the retention or loss of the lightning calculating ability may depend primarily for its explanation upon the persistence or loss of the capacity to decathect numbers as written figures.

¹¹ Also see Wiener (1952). In Brill's (1910) observations of the six year old calculating prodigy Jungreis the preconscious aspects of the process are also mentioned. Brill however is more interested in the hereditary tendency in this talent and in the possibility of the reawakening of "phylogenetic memories" by libidinal regression to an oral anal phase.

Jungreis the lightning calculator observed by Brill is described as follows. He can give instantly the totals of formidable columns of figures and his answers are invariably correct yet strangely enough he cannot distinguish one written arabic numeral from another. When I saw the boy he still knew only the written number 3.

or visual images. It is also postulated that this quality must have an important bearing upon the reading and writing defect in this patient, where it would act as a deterrent to the learning process.

Hadamard (1945) provides other examples of the same process in pure mathematics from his own subjective observations. In repeating the proof of the classic proposition that the sequel of prime numbers is unlimited, he says: "a group of vague unstructured spots of different cluster qualities stand out at each decisive stage of the proof before the stage (itself) comes clearly to mind." Also concerning the problem of considering a sum of infinite numbers of terms intending to value its order of magnitude, he states: "When I think of that question I see not the formula itself, but the space it would take if written, a kind of ribbon which is thicker or darker at the place corresponding to the possible important terms or as I should see it, being strongly farsighted if I had no glasses on." Hadamard also confides that he makes many errors in writing.

In mathematical thought, in contradistinction to purely arithmetical operations, we are constantly struck by this same relationship between the purely operational process and that portion of it which is capable of becoming part of the system *pcpt-cs*, in the relationship between algebra and geometry. Algebra is the highest expression of the decathected process while geometry deals with spatial relationships in their most attenuated form but still in a guise which is capable of visual representation. Throughout the history of mathematics the algebraist has recourse to geometry when it is necessary for him to conceptualize abstract quantitative relationships that have become too complex as in Descartes' analytic geometry. While the geometer utilizes algebra for an advance in the level of his conceptualization when the formal aspects of the space he is working with becomes too complex for visual cathexis, as in Einstein's theory of relativity (Black, 1952; Ramsey, 1950).

THE ROLE OF THE PRIMARY PROCESS

Up to this point the mathematical process has been discussed as if it could be explained entirely in terms of autonomous ego functioning with decathexis of that portion of the system *pcpts*, which is concerned with space and quantity, and hypercathexis of the preconscious process as its essential components. Several examples can be extracted from the historical literature to illustrate the quality of what Kris (1950) has referred to as "controlled regression" before returning to the data from the patient. This would appear to be the decisive feature of the mental event described as an "illumination." The preconscious process, as with

fluence of the necessity to exclude contradictions, and to conform to the ideals of mathematical elegance.

In our patient the "illumination" experiences while in analysis permit of a more detailed psychological observation of the process. In the first experience recounted, the book from his father represented a gratification of his passive feminine strivings and a moment of access to unconscious fantasy. It also appears to represent in the form of reunion with his father permission for scopophilic and epistemophilic gratification in which the repressed fantasy of the primal scene reappears in the realization that a product can be factored into two antecedent quantities. The event added useful material to a reconstruction of the content of the early pavor nocturnus which now appeared as a wakeful vigil on the part of the child to ensure the possession of his parents individually by preventing the union of the parents in their separate bedrooms. At the same time his sexual curiosity had elaborated a fantasy of genital contact at a distance, with marked sadomasochistic features. In the transference situation the separation of the parental figures was re-enacted by keeping the name of the female analyst of his girl friend secret from me. This was further borne out by his fantasy that his parents were asexual beings and that his father's union with his mother must have been accomplished by artificial insemination. The frequent references to the dark and the denial of the process of dark accommodation point to the wish and defense against scopophilic drives. Behind the screen memory of the pillow lay the patient's rage against both parents for their frustration of the oedipal drives. The receipt of the book from father allows him to see the forbidden relationship between the parents, assures him that father will not retaliate against his active oedipal strivings nor deny him his passive feminine ones. Thus in the illumination are condensed at least three acts of seeing in the full light of day and the creation of a child in both the masculine and feminine roles.

It was most striking throughout the analysis that the patient was trying to find a way back to an object relationship without having to recognize his impulses to possess the parental objects and to be possessed by them. For this reason he must either be given things without asking for them or having asked he must needs find a way to show that what he asked for was denied to him. To receive from his parents meant to him to be bound by the obligation of acknowledging himself as their child and to re-experience the frustration of the struggle for possession and the disappointment in ideal figures experienced in the primal scene. In addition to other meanings the illumination experience has also the quality of the frustration of the paternal wish. By receiving the book from his father he is reassured that he is still his father's son, but by experiencing

the original idea as his own he is also reassured that he owes nothing to his father. This undoubtedly played a large part in his reading difficulty (Blanchard 1947 Pearson 1952 Strachey 1930) which unlike the arithmetic had its origin during the early latency period with the oedipal conflicts still unresolved. To learn to read from his parents or their tutorial representatives would run the risk of undoing his hostile defenses as an act of taking something from them. It is of interest in this connection to recall Strachey's (1930) theoretical formulations on reading as a sublimation of oral ambivalent drives. In obsessional reading symptoms he states: "we see the vulnerability of the reading process to the invasion of oral ambivalence."¹² In both examples of the process of illumination cited in the case report the primary defense appears to be against feelings of frustration or disappointment at the hands of objects to whom he previously had positive libidinal ties. In the patient's character this was seen as an acceptance of traditionalism in dress bearing and manner (which he only acknowledged as a legacy of his paternal grandparents) while maintaining a complete bohemianism in thought (see patient's poem on *The Community* above) and a capacity for original mathematical thinking which was felt as something completely outside the stream of family inheritance.

In 1926 Einstein asks the rather surprising question: "How can it be that mathematics being after all a product of human thought independent of experience is so admirably adapted to the objects of reality?" (Bell 1937). It is interesting to speculate on the mechanism of this highly condensed process of illumination with its contribution of narcissistic defense in the service of the reality principle. Although pure mathematics certainly does not have any self-conscious goal beyond the investigation of the properties of its own internally consistent operations it seems to have its most dramatic usefulness in the description of those aspects of the universe that are beyond the range of observation of the human sensory apparatus and must be studied through mechanical instruments. Is it perhaps the personality with sufficient intelligence most capable of the controlled use of primitive ego mechanisms such as projection and introjection who is also most likely to be capable of creative mathematical thinking? In his paper on "Negation" Freud (1925) states:

The function of judgment is concerned ultimately with two sorts of decisions. It may assert or deny that a thing has a particular property, or it may affirm or dispute that a particular image exists in reality. Originally the

¹² In this connection see also Freud's examples (1904) of lapses in reading and writing.

property to be decided about might either be good or bad, useful or harmful. Expressed in the language of the oldest, that of the oral instinctual impulses the alternative runs thus: I should like to eat that or I should like to spit it out. That is to say it is to be either inside me or outside me. The original pleasure-ego tries to introject into itself everything that is good and to reject from itself everything that is bad. From this point of view what is bad, what is alien to the ego and what is external are to begin with, identical.

The other sort of decision made by the function of judgment, namely as to the real existence of something imagined, is a concern of the final reality-ego. It is now no longer a question of whether something perceived (a thing) shall be taken into the Ego or not, but of whether something which is present in the Ego as an image can also be rediscovered in perception (that is in reality). Once more it will be seen that the question is one of external and internal. What is not real, what is merely imagined or subjective is only internal, while on the other hand what is real is also present externally. In order to understand this step forward we must recollect that all images originate from perceptions and are repetitions of them. So that originally the mere existence of the image serves as a guarantee of the reality of what is imagined. The contrast between what is subjective and what is objective does not exist from the first. It only arises from the faculty which thought possesses for reviving a thing that has once been perceived, by reproducing it as an image without its being necessary for the external object still to be present. [as in the recognition of words in reading, or the reproducing of them in writing]

The mathematician avoids the ambivalence conflict inherent in all the other sciences that deal with external objects, which in a sense must go through a continuous process of retesting what is an internal and what is an external perception. He does this as suggested above by decathexis of the image of the object. (This process apparently reaches its epitome in Cantor's 'set theory' which the limitations of the present writer preclude from this discussion.) By the process of a continuous substitution of symbols for images the question of what is internal or external need never be faced. It is necessary only to answer the question whether the new 'aggregate' of symbols is consistent with the previous step and thus in turn with the one before, reaching back to the original axiom. This axiom can, with impunity then, as in the examples given above of Lobatchevsky's geometry and Cayley's algebra, begin with what appears to be a direct negation of reality. Freud (1925) also says of negation "a negative judgment is the intellectual substitute for repression, the 'No' in which it is expressed is the hallmark of repression, a certificate of origin. By the help of the symbol of negation, the thinking process

frees itself from the limitations of repression and enriches itself with the subject matter without which it could not work efficiently. In the patient's 'illumination' this has been expressed in another way. The negation of the repressed wish to be possessed by his father or to possess the mother allows the merging of two ideas in the preconscious which had previously been kept in isolation like the parental images. Where the task demands full cathexis of the image of the external object, as in reading or writing the ambivalence can no longer be evaded behind the mask of the mathematical process and breaks through (in this case) in the form of distortion of the word picture.

THE MATHEMATICAL PROCESS AS A SUBLIMATION

A critical comment by a colleague, to the foregoing formulation, draws attention to the fact that it does not explicitly point out the relationship of the patient's distance from his aggressive, as well as libidinal drives, in fixing the mathematical creativity as a sublimatory process. The patient's striking capacity for deferring the release of physiological tensions during periods of mathematical work is certainly one aspect of this. Both of the examples of 'illumination' emphasize the substitution of mathematical thinking for aggressive feelings: in the first case toward his father, and in the second instance toward the frustrating 'girl friend'.

In the transference situation this was more specifically illustrated, when on several occasions of prolonged silence on the couch the patient was asked about his thoughts and replied 'nothing very much—I was just imagining that I had an instrument in my hand that was capable of shooting a projectile of perfect elasticity. I begin with each wall then the floor and the ceiling trying to figure out from the position in which I am lying what the angle of incidence has to be to make the projectile ricochet from various surfaces until it flies out of the window'. There was considerable evidence that this was a childhood game which had its onset following his exclusion from his mother's bed. In the analysis it was a substitute for an expression of annoyed boredom as it probably was in childhood. Instead of attacking the analyst verbally, the patient resorts to a trigonometric ballistic exercise which combines an aggressive fantasy with a problem solving activity. It appears pertinent that in the solution to the problem the projectile does no damage but flies harmlessly into space through the window.

To summarize, 'Pure Mathematics is a consistent corrective process against both projection and introjection. It utilizes the preconscious problem solving capacity of the ego in hypercathetized form. This is made

possible by the exclusion of the ambivalence problem concerning what is internal and what is external by the use of a mobile counter-cathetic energy which is probably an outcome of precocious maturation of some phases of the processes of perception. Negation is utilized to allow the emergence of repressed representatives of the primary process. These do not require reality testing but are utilized or discarded only in so far as they coincide with the rules of mathematical consistency and economy of energy expenditure which the mathematician experiences as an aesthetic feeling to which he gives the name of elegance (Poincaré, 1952) (perhaps a reaction formation to the primal scene). The sublimatory fixing of the whole process is ensured by the high degree of neutralization of both libidinal and aggressive drives. Thus the creative act in mathematics ("illumination") has its counterpart in the arts while the secondary elaborative process is continuous with those of the sciences.

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FORM PERCEPTION AND IMITATION IN SOME AUTISTIC CHILDREN: DIAGNOSTIC FINDINGS AND THEIR CONTEXTUAL INTERPRETATION¹

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In this communication we report certain findings in a group of deviant children seen for diagnosis at the Child Study Center of Yale University.² From a larger number of children seen during the past two years who belong to the group described by Bender (1917) Kanner (1913) Mahler (1952) and others, as autistic or psychotic children, we have selected six ranging in age from twenty-two to thirty-nine months. In every case the working diagnosis of the referring physician or clinic was mental retardation. The absence of speech and language development in the third year was the immediate reason for referral. The age may be of particular interest in view of the fact that these children are younger than those usually reported in the literature. The findings on developmental appraisal to which we would like to call attention are the age-adequate or superior performance on the form board and other form perception items, and the paucity of imitation.

In their development these children showed the disturbances which have been reported by other observers in the areas of human object relations, relation to toys and playthings, motility patterns and language. Although disturbance in human contact and object relations is sometimes not brought as presenting symptom by the parents when it is elicited in the history given by the parents and formulated by the psychiatrist, it is then readily recognized by the parents as one of the central difficulties.

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² The developmental examinations which formed part of the diagnostic study of these children were done by one of us (S.P.). The organization of the Child Study Center makes it possible for the child analyst or child psychiatrist to enjoy the privilege of working in close co-operation with a complete pediatric organization. This unique opportunity we owe to Dr. Milton Senn, the Director of the Child Study Center and Chairman of the Department of Pediatrics at Yale.

The parents' description of their contact with the children fits well to Mahler's (1952) differentiation of the autistic and symbiotic types. Some are described as not adapting to being picked up, difficult to hold in a cuddling position, not wanting to be very close, and indifferent to the presence or absence of the familiar person, others are described as wanting to be very close, and as reacting with the most intense panic and anxiety upon separation from the mother or upon the appearance of strangers. The usual peek a boo and pat a cake games of the infant and toddler, which are so dependent on orientation to the human face and imitation of human movement, often do not appear in these children. A mother described the inability of one twenty-one-month-old child to make pat a cake simply from watching her. The only way he could learn the game was to have the mother hold his hands and put them through the appropriate movements.

The relation of these children to toys and playthings is frequently mentioned by the parents as a source of concern. Although it is our impression from the history that the interest in toys comes later than normal in these children and that they do not have a high interest in toys during the earliest months, this is in marked contrast to the very intense, exclusive, obsessive interest they show later in certain playthings. One child could amuse himself alone for hours with blocks at the age of two and a half and became very skillful at being able to find by inspection the appropriate block to fill a gap of a certain shape. Another child at the age of fifteen months became very interested in a toy postal station which required placing forms in appropriate openings. The interest in this particular toy lasted for about a year and was replaced by an intense interest in the phonograph and records, which were played over and over again, avoiding the portions of the record which had the human voice. This same child showed most vividly the tendency of some of these children to play with a part of their own body as with a toy or plaything. He would gaze intently at his hand as he held it in front of his face and put it through various sinuous motions, bringing it near, drawing it further back and sometimes breaking into laughter. His five-year-old sister, observing him, could ask, 'What's funny about that? I should think he would know what his hand looks like by now.' With this intense interest in certain toys goes a constriction in the range of playthings the child uses and a difficulty in shifting from one plaything to another.

These children seem to have individually characteristic methods of exploring objects in the external world. One may rely particularly on mouthing introducing every new object into the mouth. One such child combined the mouthing with a rhythmic tapping of the object against the

hard surface of the table. Another child explored each new object with a rapid light rubbing motion as though sampling the form texture and consistency of the material. Normal children first approach objects in this way too, but with these children one way is preferred and persists longer than usual.

A third area of deviation in development emphasized by the parents concerns the motility of the children. Although they do not have a grossly abnormal gait, there is a certain stiffness, uncertainty and inco-ordination in their movements. None of them looked graceful or agile at the age at which they were seen. Often they looked as though they were about to fall although they never did. The posturing of the extremities seemed to be individual to the particular child with the extremities held in attitudes which would seem to make the child more aware of their position in space. All the children showed some pronounced rhythmic manifestation, either head banging, head rolling from side to side, or rocking. The rocking was either in the sitting position, rocking the trunk back and forth, rocking the whole body in the standing position from side to side, or rocking in the creeping position. Another motor pattern is walking in circles or walking in a circle around an object held in the hand. As has been said, none of the children impressed the observers as being especially agile or graceful at this age but they did appear to be working hard on the development of motor skills. The parents of the boy mentioned above, who was so interested in watching his hands, reported that at two years, several months before he was brought to the Child Study Center, he became much more active physically. He was much more exploratory and active in the house, became very expert at climbing into his crib where he delighted in attempting to stand on his head. At the same time he applied himself assiduously to mastering the feat of walking up the stairs without holding on to the railing. He practiced this with intense concentration and absorption and, according to the parents, with a show of pleasure which was revealed in the smile which accompanied the activity.

These few descriptive items have been presented in order to identify the kind of child we refer to in this paper. We now turn to some impressions from the developmental appraisal. The Gesell developmental examination is used to supply a framework in which the child can be observed in action not only in handling the test materials and solving problems but also in his relation to the examiner and to the parents who are present during the examination.

The following material was obtained from the examination of six

boys, aged twenty-two to thirty-nine months, seen between May 1951 and October 1952.

Although there were differences in the peak levels and scatter of their performances, there were certain ways in which the six were strikingly similar to each other. These similarities can be characterized as:

1. Absence or near absence of language.
2. Disturbance in human contact.
3. Poor imitation as measured by the test.
4. High form perception as measured by the test.

No attempt will be made to describe the language disturbance per se. Language production was uniformly minimal, and clear evidence of comprehension of the language of others was difficult to elicit.

The disturbance in human contact was striking in each instance and can best be illustrated by passages taken from the records of some of these children:

Bobby treated me throughout the session as if I were another chair or table. He took objects from my hand, occasionally putting one back when he was through with it. He could not be induced to play ball with me nor to join in any other kind of social game. Not one time during the entire period did he look at my face.

Albert made practically no relationship to me as a person. I could get his attention by tapping on the table with an object or holding it up in his line of vision, whereupon he would come and take it from my hand. He rarely looked at me and, when he did, made only fleeting contact. Most of the time he seemed unaware of my presence or the presence of his mother.

Jimmy's expression was "dead-pan" most of the time except at the end when he was finally induced to roll the ball in my direction. Along with the rhythmic rolling of the ball he smiled and laughed and looked more alive and human than at any other time. His glances at my face were brief. He looked more at the band which rolled the ball back to him. Several times when he was at the table he attacked my hands by hitting them or pushing them away if I interfered with his play. For the most part he seemed preoccupied with his own thoughts. I had the impression that both his behavior and his performance with the materials were much more related to internal than to external stimuli.

The above passages are typical of the observations on these six children. It should be mentioned that with all these children the physician had similar strong subjective impressions of the deviant nature of the child's human contact. The examiner's impressions echoed remarks by the parents such as, "he seems in a world of his own," "he shuts me out," "he doesn't look at me in the way my other child did."

On the test items themselves, two findings have been present in all six children of this group

One finding has been the poor imitation of the examiner. This has been observed in a number of different areas in the drawing situations of which there are several, in the imitation of such movement activities as kicking a ball, standing on one foot, pushing a small train, ringing a bell, etc., in imitation of sounds made by the examiner's voice. The latter applies not only to words but to other vocalizations. Adventitious sounds from the outside such as the hum of an airplane motor or the wail of a siren were more likely to be imitated than the examiner's voice.

The other consistent finding was the high form perception as revealed in the use of the formboard, the color forms and the geometric forms. This has without exception been the area of highest performance. In two of these children who were thirty three months of age the formboard performance was at thirty months. In the other four it has been equal to or above the actual chronological age. In one boy it was seven months above his chronological age. Form perception was the only sector of functioning which was age-adequate with the exception in some instances of certain aspects of motor performance. In older autistic children Kanner (1943) has reported high performances on the Seguin formboard.

We turn now to some formulations about these observations. The poor imitation of the human being reflects the tenuous nature of the object relationship in these children. The self and the nonself would seem to be insufficiently differentiated. The child is either fully a part of the mother (symbiotic) or he loses contact (autistic). The process of imitation presupposes both a certain distance from and a certain closeness to the object. In imitation the transformation of the self is carried out according to an image of the object or the nonself. Thus it appears to be a part process of identification.

The second of our findings (high form perception) illustrates another aspect of the disturbance in these children.

The process by which the plaything becomes important to these children is probably not the usual one. In the normal child the toy is given by the adult and becomes important (gains its investment) in large part because it comes from the mother. In these deviant children we believe it probable that the plaything is invested in a different way.

We assume that the exploration of the plaything by these children fulfills certain needs of the child which arise in relation to his difficulty over the establishment of ego boundaries. Mahler (1952) stresses that these children have difficulty in cathecting the periphery of the organism, the

peripheral rind of the ego. Thus, these children might be expected to require more repetition of and emphasis on exploration of the boundaries and limits of their own bodies in order to establish more firmly certain proprioceptive patterns. This type of exploration may be crucial for the cathexis of the periphery of the organism.

The high performance on the formboard presupposes a strong interest in and an ability to perceive boundaries. It appears that shapes, edges, forms, are established by repeated exploration. One gains the impression that the hand lends cathexis to the object. This high value of the tactile manipulation could account for the fact that performance with the form board has been higher than with color forms or geometric forms where form perception is dependent upon visual perception alone.

We follow Mahler's (1952) thought and assume that in this process the toy or plaything is invested in much the same way as those parts of the child's own body which are experienced as sources of proprioceptive impulses.

The observations on form perception and imitation in these children suggest two kinds of generalizations.

The first concerns the transformation of what might be called a vulnerability or deficit into what might be called an aptitude or skill. This is a frequent clinical finding in psychoanalysis. Psychic conflict may act as a stimulant. Anxiety, according to Anna Freud (1936) may make people clever. Further examples of this are suggested by our longitudinal study in which we are observing the development of children, the oldest of whom is now twenty-two months of age. This would seem to be a point worthy of systematic observation.

The second generalization refers to the problem of early diagnosis. Mahler (1952) in her significant contribution points out that in her cases of autistic infantile psychosis there are frequently sufficient signs of serious disturbance in the first year to make the diagnosis. She also points out that in the cases of symbiotic infantile psychosis there are rarely signs of conspicuously disturbed behavior in the first year of life. In view of the severe disturbances these children develop later we feel, with Mahler, that there probably are precursors. The idea that the later difficulty so much involves the lack of differentiation of the representation of the self from the nonself suggests disturbances in processes of identification as this differentiation is a prerequisite for identification. The part that imitation plays in identification processes is a large and complex question which we are not prepared to go into at this point. However, on the basis of our formulation that imitation is a part process of identifica-

tion it would seem likely that the symbiotic cases would also show disturbances in this area though perhaps of a more subtle nature.

For clues to the diagnosis one might pay particular attention to the presence or absence of such games as pat-a-cake, bye-bye, kissing, so big, etc., which depend at least in part upon the formation of a psychic representation of the human object and the presence in the child of an image of the bodily self. In the standardized infant tests which we use at the Child Study Center in both the Wolf-Hetzer and the Gesell scales there are items of imitation (drumming, bell ringing, tapping, scribbling) which can be utilized to study the steps of nascent identification. One would want to observe closely the quality and nature of the bodily contact. One would want to determine whether the infant seeks to regain the mother by crying only, or whether he makes active approaches to her. One might be able to detect subtle disturbances in the human contact by observing such things as responsive smiling, facial mimicry and the response to the peek-a-boo game.*

We do not in our thinking neglect the part the mother's attitude plays in this condition. We believe that the child's disturbance sets in motion a circular process with child affecting mother and mother in turn affecting child. We would like to conclude with a remark made by the mother of one of these children when told of her child's need for continued stimulation from her: "Why should I pick him up when he doesn't even smile at me?"

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* We are not suggesting that infantile psychosis is the only condition in which disturbances in imitative processes are to be found. Spitz (1915, 1916) has reported such disturbances in some institutionalized infants.

CHILDREN'S UNDERSTANDING OF JOKES

By MARTHA WOLFENSTEIN, Ph D (New York)

Listening to grownups, children hear many things which they do not understand. Sometimes they feel puzzled; they have a vague awareness of something beyond their grasp. Often they put their own construction on what they have heard, not realizing till much later that they have not understood correctly.

Few things, I think, evoke so convincingly the atmosphere of our own childhood, so strange but not entirely beyond recapturing, as the recollection of our childhood misunderstandings. When I was a child, I used to hear a maid of European origin talk about the "old country." I imagined that this was a country that existed before I was born and that had now ceased to exist, it was something the grownups knew about that I could never know. Recently I heard about a little boy who had been told something about genetics and who later remarked wonderingly "You know, they say I'm the way I am because of my blue jeans." In their solitary reading, children often attach their own meanings to words, this is facilitated by their also not knowing the correct pronunciation. So a friend of mine used to think that "sundry" meant "dried by the sun." She had first come across it in the *National Geographic*—some such phrase as "various and sundry places," and the word had called up images of luminous, parched deserts.

Here is the way two six year old boys have understood the term "double header," which they have picked up from the talk of older boys or of their fathers. Karl tells me that he has made up a joke. "Why did the moron go to the model shop to get a head to paste on the Dodgers stand?" (He explains, in answer to my question, that he means a model of a head.) He then gives the answer. "So they would have a double header." Bob, overhearing this, asks somewhat patronizingly "Do you know what a double header is, Karly?" Karl replies "A Dodger with two heads." Bob enlightens him. "No, two people who own the Dodgers. They're two people, so they have two heads." Each of these boys has

supplied his own meaning to what he has heard and is unaware of any misunderstanding.¹

However there are also times when children realize that they have not understood. Many children say that they do not think the things their parents laugh at are funny because they do not understand them. Sometimes when a child tries to reconstruct what he has heard the grownups laugh at him and yet do not enlighten him. He may adhere to his own version and yet know that there is something wrong with it. Thus five year old Lenny tells me the following joke. Once a girl was getting off a train and someone says *How*. And she says *I know how—boo!* I ask him where he got his joke and he says *I thought Daddy was saying it one day and that's how I got the joke. But I misunderstood him. Then what did he really say? How do I know if I misunderstood him?* A little girl who is listening laughs and Lenny says *That must be a joke too if you laugh.* Lenny's teacher informs me that Lenny has proudly told his joke several times in class and laughed over it. He has explained to the other children that *how* is Indian language. Apparently Lenny gets satisfaction out of mimicking his father to the best of his ability even though he knows he cannot reproduce his father's performance exactly. Perhaps too he is pleased to mystify the other children as he was mystified by the father's incomprehensible joke.

I would guess that what Lenny's father told was the following current adult joke. An Indian chief's daughter goes to Vassar and comes back pregnant. As she gets off the train she greets her father. *How?* The father says *Never mind how. Who?* This last (if my guess is correct) Lenny translated into *I know how—boo!* Lenny may have had an inkling that his father's joke had something to do with procreation.

I know how—boo! would then mean *I know how it's done* and it is very frightening. Lenny produced an original funny story in which a farmer goes into a red field and having swallowed his seeds has to plant himself by burying himself in the ground. When the teacher reading a story book to the children showed them a picture of a net full of fish Lenny jumped up and ran away in mock terror. We may infer that one of the things that frightens Lenny about the sexual activity of his parents is how the father having entered the mother (becoming buried in the red field caught in the net) can extricate himself. He fails to understand not only the solution to the father's joke but the solution to the father's sexual hazards. His own version of the joke may then express an attempt

¹ Jean Piaget (*The Language and Thought of the Child* London, Routledge & Kegan Paul 1926) has remarked how frequently children supply their own meanings without realizing that they have misunderstood.

to deny his failure to understand as well as his fright. Instead of being mystified and scared, he asserts that he knows and can scare others "I know how—boo!"

The understanding of jokes involves a variety of factors. A verbal joke is a complicated construction, children, in learning it, may respond to one component of it but not to another. Thus a joke may combine certain obvious features (such as description of outlandish behavior), which children may enjoy, with other features that are more subtle (word play, comic error of thought), which they miss. In a previous paper I tried to show how children use certain jokes without responding to the word play in them.² Now I should like to consider another aspect of joke comprehension—being able to distinguish between joking and nonjoking discourse.

As adults we recognize two distinct realms of discourse, the serious and the joking. What is appropriate in one is not appropriate in the other. If one fails to take a joke jokingly one makes a mistake, and if one intrudes joking into serious matters one may be rebuked, though there are various legitimate transitions from the serious to the joking. These are social conventions built around alternative psychological possibilities, on the one hand of making sense in a logical, realistic way, on the other of indulging in absurdity. Children learn only gradually to distinguish these two realms of discourse. They are in the process of acquiring logic and a sense of reality. While they can easily break away from the demands of reason on their own initiative and enjoy fantasy or nonsense, it is not always clear to them when others, especially their elders, make this shift. When grownups tease children by dealing with something in a joking way, the children may be baffled or hurt. They feel that the grownups represent the demands of reason, and they have then to learn that there are times when the grownups themselves suspend these demands. Joking has its own rules which run counter to those of reasonable discourse. The child who is busy learning to master the realistic and logical frequently protests that jokes are stupid, that they do not make sense. Only gradually does he come to realize that in a joke it is not only permitted but required not to make sense in the logical way.

In investigating children's ability to distinguish between joking and nonjoking discourse, I presented them with a series of joking riddles (I had collected these riddles in previous interviews with children from four through thirteen years of age, in which I had found that the joking

² "A Phase in the Development of Children's Sense of Humor" *This Annual*, VI 1951

riddle was the preferred joke form of latency period children.) I told each child that I would like to tell him some jokes that I had heard from other children and to see whether he knew them and whether he thought them funny. I asked him if he could think of alternative answers to the joking riddles, proposed to him nonjoking answers and asked whether those answers would be all right and if not, why. This latter question was particularly revealing of the extent to which the child had mastered the conventions of the joke. My subjects were fifty-five children from New York City private schools (thirteen six and seven year-olds, fifteen eight and nine-year-olds, twelve ten through twelve-year-olds and fifteen thirteen through seventeen year-olds).

Let us take a particular riddle and see how the children reacted to it. There is one about a man locked in a house, of which I had learned numerous variants from different children. In one version, we are asked how the man lived, and told that he ate the dates from the calendar and got water from the springs of the bed. Or we are asked how he got out, and told that he took a key from the piano and unlocked the door (or played the piano till he found the right key), or that he knocked himself out, or that he had a bat and ball—three strikes and you're out. Or it was a holy church so he got out through the holes. Yet another version pictures the man locked out of the house and asks how he got in. He ran around until he was all in. In its latent meaning the riddle of the locked house relates to major sexual questions: how does the baby live in the womb? how does it get out? how does it get in in the first place? how does the man get into the woman? and how does he get out again? In addition it has for many children the association of being confined to their rooms as a punishment, and so evokes lively and urgent fantasies of escape. In some cases, it is associated with the child's fantasy of withdrawing to his room in angry resentment against the parents, here the question is how to live in this self-imposed confinement. In other instances, the associated problem seems to be that of being closed up in the house with the mother and wanting to 'strike out on one's own'. Thus the problem jokingly proposed is one which the children feel for many reasons a strong urge to solve.

The form of this riddle which I presented to the children proposed a double question: how the man in the locked house could live and how he could get out. If the child had not heard the riddle before, I asked him to guess the answer. After one or other of the conventional answers had been given, either by the child or by me, I would propose the following: 'Someone told me that he could climb out the chimney. What do you

think of that answer" (This had indeed been suggested by some children who did not know the riddle.)

The children's responses may be classified as follows. (a) In one group there was no apparent acknowledgment of joke conventions, no differentiation between joking and nonjoking answers. The predominant motive was to give an answer to a question, to find a way out of a problem situation. Magical, punning, or materially feasible means were equally acceptable. (b) A child would reject nonjoking expedients as not funny, but might then become so carried away by the problem situation that he would discuss such solutions from the point of view of practicability, dropping the consideration of joke conventions. (c) A child attempts to exclude nonjoking solutions by so delimiting the imagined situation that no practical expedient is possible. (This maneuver cannot be applied to all jokes; it depends on the kind of situation the joke deals with.) (d) The child rejects nonjoking alternatives as inappropriate to a joke or a riddle.

Let us consider these various reactions in more detail. In the first group we find children who did not know the answer and gave nonjoking answers as well as those who oscillated between joking and nonjoking answers without distinguishing between them. Six-year-old Doris with whom I have already discussed jokes at some length does not know the riddle. She proposes: "Break the window to get out. Or if he had very hard furniture, bang the door open. Climb out the chimney." Eight-year old Tony says: "He smashes the windows and gets out. Are the windows locked? . . . Or he opens up the roof. Is the roof locked too? Are the walls locked? He just sits in bed reading the calendar and eating an apple. What's the answer?" Ten-year-old Hilda, who also does not know the riddle, says: "He bangs—no, he can climb through the chimney. Break the windows open, dig a hole, go through the cellar." "Is that a joke answer?" "He could dig a hole in the wall." "Is that funny?" "Not too much, but anyone who digs a hole in the wall is really crazy." Thus she attempts to meet the demand for a joke by saying that the behavior she describes would be sufficiently wild and crazy to be funny. Possibly Doris and Tony also thought that their solutions had a funny quality because of the violence of the actions they suggested.

Frequently in this first group, we find children who know the joking answer but shift without apparent awareness of the discrepancy to a nonjoking alternative. Eight-year-old Frank knows one of the stock answers: "He played baseball and if he got an out he'd be outside." However, he adds: "I'd get out because my house has screws and I have a screwdriver to fit." Eight-year-old Judy says: "He played the piano till he found the

right key He might take a long stick and push it under the door and hold it by the very end She attempts to describe how the outside lock on the door might be unfastened in this way Turning to the question of how to live in the locked house she says And there wasn't any food? If there was a sink and water that wouldn't keep him alive

Nine-year old Denis is very much taken up with this problem as he tells me later his mother locks him in his room when he is bad He appears to accept joking and nonjoking alternatives as equivalent ways out First he asks Did he have anything with him? Was he dressed? Did he have a belt? He could take the belt buckle and unlock the door I then tell him the piano solution Denis inquires what else the man has and I say a bed and a calendar He reasons And he has a piano And he's living and dressed He could take the springs from the bed and have water But you can't live just on water Of course we know he could get out whenever he wants to because he has the piano and he has his belt Thus Denis throws together the possibilities picking a lock with a belt buckle and using a piano key He goes on to describe an old cowboy trick for getting out of a locked room when the key is on the outside of the door He uses a similar device when my mother locks me in my room when I'm bad

Eight year old Walter ranges from punning to realistic to magical solutions He had a piano and he kept on playing till he got the right key He could stick his head out the window and call for help There's one about a man in a tower with twenty five cents with an eagle on it So he woke up the eagle and it flew him out Of course the use of the piano key to open the door may also be understood by the children in a realistic sense Several of them have literal images of yanking the key off the piano and discuss whether this could be done or not

When the children who do not know the riddle give nonjoking answers they would seem to be motivated by wanting to answer at all costs³ In young children the wish to answer overpowers the requirement to abide by certain rules as here the rules of joke construction When pressed for an answer they easily pass over these boundaries which are in any case not very firmly established This is analogous to their resorting to a magical way out when pressed on a practical question to which they cannot find a solution What is more puzzling however is their readiness to accept the suggestion of climbing up the chimney when I propose it following the joking answers A number of children rejected the chimney solution not on the grounds of its violation of joke conven-

³ Piaget *op cit*

tions, but on material grounds, raising difficulties as to how one could get a toe hold inside a chimney, etc. Here it would seem that the dividing line between joking and nonjoking discourse is weakly established—especially in the case of an imaginary situation which is emotionally so compelling. The child follows the suggestion to shift from joking to nonjoking expedients without demur because he feels little sense of discrepancy. The point is to multiply solutions in an effort to reduce the anxiety aroused by the imaginary situation and he is not choosy about means. It may be thought that the child complies to a suggestion of the adult without wanting to criticize it. But we shall see that children who have grasped the joke conventions repudiate the suggestion. In any case the children were not inclined to accept the chimney solution, what varied were the grounds for their rejection.

Six year-old Robbie tells a variant which he knows of the locked house riddle. "A man lost his key and the door was locked and he couldn't open any of the windows. How did he get in?—He ran around until he was all in." I tell him about the man locked in with the calendar, bed and piano. Robbie is able with a few hints to supply the punning answers. I then asked him if the man could climb up the chimney—could that be an answer? He says 'No, because how could he climb up the chimney?' 'What's the difference between taking a key from the piano and climbing up the chimney?' 'He couldn't get up the chimney anyhow. Because maybe he'd be able to yank a key off the piano.' Seven year old Norbert says appreciatively when I tell him this joke. "That's a good one," laughing particularly at the water from the springs in the bed. However, when I ask what he thinks of the chimney solution, he says 'I don't know. Because there's always a little thing on the top like a strainer. It could be locked so he couldn't get out. It could have a padlock on it.'

A thirteen year-old boy protests at the suggestion of the chimney solution. 'How could he climb up? It's impossible.' He tries to think how one could get a hand or toe hold. Similarly, a thirteen year-old girl objects. 'How could he get off the roof? And how could he climb up? Unless he took some bricks out.'

Let us now turn to the second group in which there is an awareness of the discrepancy between joking and nonjoking discourse but where the division is still not firmly established. Six year-old John laughs when I tell him the locked house joke and asks admiringly "Who thought that up?" I couldn't think that up. He then goes over to the outside door of the room we are in and tries it. 'Hey, we could get out of this place. We're not locked in.' Despite this association in terms of a real predicament

ment, he is able to criticize a realistic answer to the joke as inappropriate. When I propose the chimney solution he says 'It wouldn't be a funny answer. The other answer was funny.' What's the difference?' 'There are no such things as keys to open door on a piano, no such things as dates you can eat on a calendar, no such things called springs on a bed.' Thus he seems to have grasped that the funny solutions are not real solutions at all. However, he then goes on to the same criticism of the chimney which we have heard from the other children. 'Anyhow how could he climb up the chimney? Unless he had sharp toes to stick in the cement . . . or something to drill holes.'

In the next group, we find a rejection of the nonjoking answer, but not yet on the grounds of pure joke convention. The children attempt to qualify the imaginary situation in such a way that nonjoking answers will be excluded. Ten year old Jed says to the chimney solution "It wouldn't be a joke. By the way, you should say there's no chimneys or anything. That's part of the joke." Similarly, eleven year-old Stephen explains in the same connection 'You have to go through a lot of gimicks—walls ten feet thick, no windows, no door, no chimney.'

In the last group, we find children who repudiate nonjoking answers entirely on the grounds that they are not funny, that it would not be a joke. Nine year-old Fred knows many variants of the locked house. 'What does he have in it? If he has a baseball and bat—three strikes and you're out. If he's outside, he ran around till he was all in. He can play the piano till he finds the right key. He can get out of a church because it's holy.' 'How about climbing out the chimney?' Fred says scornfully. 'Does that sound like a riddle to you? It's not a joke!' Eleven year-old Jack has not heard the joke before and laughs when I tell it. When I propose the chimney, he says 'No, cause you didn't say there was a chimney.' 'Suppose there was.' 'That's different. But it wouldn't be a funny answer. People have been known to climb out chimneys.' Similarly ten year old Peter says 'Climbing up the chimney you really could do. The piano keys are funny because it's something that couldn't happen—a word that's spelled the same way but doesn't mean the same.' Twelve year old Laura says of the chimney 'There's no pun. It's something a person could have done.' Thirteen year old Nicholas says that whoever gave the chimney answer 'shouldn't become a comedian. The answer is not in terms of the joke, but how he would get out of there.'

Some children who were sufficiently subtle about joke conventions remarked that the chimney solution reminded them of the riddles about the fireman's suspenders and the chicken crossing the road, where the answers are unexpectedly expected, the hearer anticipates a trick and is

told something obvious. Eleven year-old Dorothy says of the chimney 'It's not a very good one. There's a series of riddles that have sensible answers—Why did the chicken cross the road? Why does Uncle Sam wear red, white, and blue suspenders? Why does the fireman wear a red hat? There people try to find a pun. Sometimes in pun riddles, they give sensible answers and there it's wrong. Similarly eleven year old Stephen says of the chimney solution 'It's as silly as 'Why did the chicken cross the road?''

While joke comprehension tends to increase with age, there are other important factors to which it is related. Intelligence and interest in jokes are both relevant. The rules of correct joke construction are something the child has to learn. Other things being equal, the child of good intelligence who generally learns easily will also master with greater facility the modes of joke formation. Dull children or those retarded in learning are slower to grasp the rules implicit in jokes. But motivation is also a major determinant. The child who has found in joking a particularly valuable device for solving emotional difficulties, or for expressing other wise unacceptable impulses, is apt to gain a quicker mastery of joke technique. Six year-old John, who was able to distinguish better than many much older children between a joking and nonjoking answer, was exceptionally interested in telling and inventing jokes. Throughout the year that I visited his class he was intensely eager to tell me jokes, of which he had a large, varied, and constantly growing repertoire. When I asked one of the girls in his class where she had learned the jokes she told me, she said, "That John! He knows so many and tells so many."

Nine year old Fred, who was so scornful of the nonjoking answer (Does that sound like a riddle to you? It's not a joke!) has mastered joke conventions better than many children considerably older than he. He combines superior intelligence with an intense interest in jokes. Thus he collects numerous variants of the same joke and improvises additions of his own. Fred has found in jokes a permissible way of expressing hostile impulses which he has had great difficulty in mastering. He has been destructive toward other children and rebellious against authority. A major theme of his preferred jokes is mockery of authority figures. This was already noticeable in jokes he told me when he was seven, and has increased with time. He uses his good intelligence to show up the weaknesses of the adults, and finds in the adoption of joke conventions a way of making his attacks socially acceptable. By adhering to precise rules he tries to bring his hostility under control. These rules have the further virtue that they can be turned against others. He can be contemptuous

of anyone who does not catch on. On the basis of his mastery of joke conventions he could be sharply critical of me when I proposed a violation of them.

Denis, who is the same age as Fred, but who does not distinguish between the belt buckle and the piano key as devices for unlocking the door, is less intelligent and also suffers from a learning disturbance. This would seem to have affected his grasp of joke conventions along with other items of learning. We should keep in mind that we are dealing here with verbal wit, the most intellectual form of joking. A child's skill in it is not necessarily the same as in more diffuse humorous or comic modes of expression. Thus Denis, whose mastery of word play is slight, nevertheless maintains a humorous tone in talking with me and turns happenings from the life of his family into comic anecdotes. Fred, on the other hand, has a rather severe pedantic manner and discusses jokes with the air of a connoisseur. There is no doubt that he enjoys his jokes, especially where they degrade authority figures, but he seems more bound to the rigorous joke form and less free in general joking talk.

Joke comprehension varies not only with age, intelligence and interest in jokes, but also with the particular joke, its technical ease or difficulty and its theme. The locked house riddle was especially difficult both because the clues to the punning answers were far from patent and because of the strong feelings mobilized by its latent meanings. Many children who offered nonjoking answers to this one were able to produce joking answers to riddles which were more obvious or less disturbing. Here is an instance where disturbing connotations overpowered the tendency to joke in a child with good facility for verbal wit. Ten year old Alfred is highly intelligent and very fond of joking. One day we were asking each other riddles out of a book. I presented him with the following: Why didn't the moron need glasses? Alfred answered: Because he had perfect vision? (Correct answer: Because he always drank out of the bottle.) Some time later I asked Alfred the same riddle. He had forgotten the answer and guessed: Because he couldn't see? Thus his anxiety about physical intactness or defect prevented him from reacting to this riddle in a joking manner. The first answer was a denial of the fear which broke through on the second occasion, perhaps the moron was blind.

Where a joke is less disturbing in content or simpler in technique it is easier for children to respond to it appropriately. We can observe the same sequence in their reactions: from ignoring the joke conventions to vacillating about them to maintaining them in a clear-cut way. But the latter stages appear at an earlier age. There is no one moment when joke

conventions are mastered. This varies with the occasion and the topic of the joke, as well as the capacities and motivations of the individual child. Let us consider the children's responses to another joke. Why did the moron take the ladder to school?—Because he wanted to get into a higher grade. Or, because he wanted to go to high school. This was easier for the children than the locked house, partly because the situation involved less intense feelings, partly because the key word "high," with its associations of intellectual ambition seemed to come readily to mind. Again I submitted to the children an alternative nonjoking answer which one child had given me. Because he wanted to climb out the window.

Here are first, children who fail to observe the joke conventions. Six year old Donald, who does not know this riddle, says "Because he wanted to climb up the ladder I suppose. It's not so reasonable." Six year old Doris guesses "Because he wanted to get into school earlier?" After I have told nine year-old Maggy the answer, I ask her if she could think of another one. She says "To climb the monkey bars maybe, instead of using the monkey bars."

Ten year-old Hilda says "I think I heard it. Oh wehl I should remember. Cause he wanted to climb in the window? When I tell her the answer she laughs and says "That's really crazy. He'd have to go to school and learn multiplication. So there's no sense in trying to get into a higher grade." This exemplifies a common criticism of jokes on the part of children who have not grasped joke conventions. They object that the joking answer is "crazy" or "silly" or "doesn't make sense" or that you "can't really do that." As we have seen, children who have a better understanding of joke conventions may distinguish the joking solution as something that could not actually be done. Eight year-old Betty criticizes the joke in the same way that Hilda has done. "Oh, I think that's silly, because you can't really do that."

In an intermediate stage a child proposes nonjoking answers, but then becomes aware of their inappropriateness. Eight year old Louise says "I think it has something to do with school work." I tell her the answer and then ask if she can think of any others. She says "No, unless he was a little midget and the teacher asked him to do sums on the blackboard and he couldn't reach up. Or she put the sums at the top of the board." Louise seems to be thinking quite literally of the possible uses of a ladder in school. She gives us an image of the child's aspirations and sense of inadequacy, she feels like a "little midget" who finds the problems the teacher gives over her head. Thus she expresses the idea of intellectual heights in visual imagery rather than in word play. She then proceeds to criticize what she has said. "But some of these riddles you have to have a joke answer."

Seven year old Marcia is able to give a joking answer which appears to be an original variant on the usual ones. Because he wanted to get high in arithmetic? I just figured it out. When I tell her that he wanted to get to a higher grade she protests. But he can't with a ladder. The moron is somebody who's crazy. She seems uncertain whether the impossibility is a ground for criticizing the joke or is definitive of it. Nell also seven seems inclined to the latter alternative. When I tell her the answer she says. That's a funny one. Know why? Because you can't get to a higher grade. You can't climb up to it. Similarly ten year-old Betsy after giving the answer to climb to a higher grade explains why it is funny. Because no one could climb to a higher grade. You have to work to get to a higher grade.

Older children improvised freely on this theme. Maybe how to get up in the world (twelve year old girl). He wanted to step up on his grades (twelve year old boy). To climb to success (thirteen year old girl). To climb the ladder of success (thirteen year old boy). To be ahead a head taller than everyone (thirteen year old girl).

In response to the climbing out the window alternative eleven year old Dorothy says. It isn't okay because it isn't a pun. Eleven year-old Stephen remarks. It's not the answer for a riddle it's just ordinary. Fourteen year old Elton distinguishes the window answer from his own ladder of success. One is trying to be funny—the other is logical. Thus eventually what is logical sensible or literally feasible gets rejected as not meeting the requirements of the joke. Twelve-year old Laura says of whoever proposed the window answer. They weren't thinking very hard. It's not a moron joke if it's put that way. It doesn't fit the tradition of the moron jokes. It's supposed to be a moronic answer.

The distinction between joking and nonjoking discourse is thus established gradually. That joking has its own rules which run counter to those of reasonable thought is often bewildering to younger children. They may object to a joke as not making sense, trying to maintain their hold on reality. Older children understand that it is the nonsensical which makes sense in terms of the joke. We have seen how the children strive to express their growing awareness of these two opposite ways of making sense. By the beginning of adolescence intelligent children seem to have grasped that in the sphere of the joke the nonsensical is not only permitted but required. We may infer that up until this age children are frequently uncertain how to take jokes, they are struggling with the effort to make sense in reasonable realistic terms. We have also seen how much the ability to shift to the nonsensical varies with the topic of the joke and the kind and intensity of emotion it arouses.

EGO PATHOLOGY

CONTRIBUTION TO THE METAPSYCHOLOGY OF SCHIZOPHRENIA¹

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INTRODUCTION

Disregarding Freud's tentative approach to the problems of psychosis in the nineties we find in his work two main and characteristically different attempts to understand its specific pathology. I am speaking of course of his analysis of the Schreber case (1911) and of two papers on neuroses and psychoses written thirteen years later (1924-1924a). During the interval some essential aspects of the psychology of psychosis had been clarified in his metapsychological papers. The differences between the early and the later work reflect Freud's growing interest in problems of structural psychology and particularly ego psychology. In one of the later papers it is clearly stated that while Neurosis is the result of a conflict between the ego and the id, psychosis is the analogous outcome of similar disturbance in the relation between the ego and its environment (outer world) (1924). The outline that Freud gave us in these papers and the many hints he gave us in a series of others have so far not yet been made the basis of a systematic theory of psychosis.

Historically we see in the analytic study of psychosis a mirroring of the trends of psychoanalytic psychology dominant at a given time. The next impulse might come from the advances in analytic child psychology outstanding in the work of the last two decades. Actually in saying this I am not only speaking of the future; this trend has in part already been realized. For quite some time the study of the regressive phenomena of psychosis have been utilized as one of the main avenues to our understanding of early childhood. While there is certainly no reason to assume that the promises of this approach are exhausted we see today also a tendency in the opposite direction. What we owe to research in analytic child

¹ Contribution to the Symposium on "Theory of Schizophrenia" Read at the 18th Psycho-Analytical Congress, London, July 1953

psychology—through retrospection or direct observation—is more fully utilized for a better understanding of psychosis and the disposition to psychosis. What has become known of the development of early object relationship, ego-id relationship, defenses, and reality testing, constitutes a vast reservoir of data which today we consider essential to any systematic approach also to psychosis. The increasing number of childhood psychoses or related ego disturbances studied in recent years (M. Klein, L. Bender, Kanner, Despert, Geleerd, Mahler, Rank, and others) is an essential part of this knowledge. This approach is the more important as we are aware of the fact that while regressive phenomena give us valuable information on some aspects of early childhood, they often provide us in other respects with a picture that is neither complete nor unambiguous, on account of which our etiological schemes based on a study of regression, need to be tested by developmental data.

Freud knew that the instinctual and the ego aspects of the problem of psychosis have never been fully co-ordinated. If we follow what Freud says in the two later papers to which I referred, the factor that brings about psychosis is a conflict between the ego and a reality that has become intolerable. This seems to be borne out by the clinical findings in psychosis, at least in schizophrenia and in paranoia. However, the question as to why some individuals react to a given conflict with reality by fully withdrawing from it, and with regression, could still only be partly answered.² Many of those reality factors are of a kind that most individuals would master without any pathological consequences. The ego that reacts pathologically to those situations is very likely already a disturbed ego, but we know little about the specific nature of this vulnerability. In some respects the situation could remind one of that which prevailed in regard to neurosis at the time of the *Studies in Hysteria*, what was then considered as causing neurotic disturbances was later found to be of an often accidental and nonspecific nature, and it was only the later work of Freud that settled the etiological questions for the case of neurosis.

What Freud actually thought was that this conflict with reality, and the ensuing break with reality, could be traced either to features of reality itself or to increased pressure of the instinctual drives—the outcome being in both cases the same given the rivalizing demands of id and reality on the ego (Freud 1939). If in psychosis the ego withdraws from reality it acts in the service of the id; the instinctual problems cannot be solved without its contact with reality being severed. However,

² For an interesting recent hypothesis see Waelter (1951).

with respect to what I shall say later, I would like to consider here a third factor, in addition to the two of which Freud spoke, which will emphasize more strongly the role of the ego in the process. Increased pressure on the ego by the drives may, of course be, and often is due to a real strengthening of the forces of the id. But there is the other possibility that, for whatever reasons, the ego's role as a mediator between the drives and reality is impaired—either the defensive counter-cathexes of the ego, or those ego functions that maintain the contact with reality, may be incompletely developed or weakened. Thus, while a break with reality could ensue in all these situations, 'conflict with reality' can, as to its causative impact, only be evaluated in relating outer frustration not only to the instinctual, but also to the ego aspects of the situation.

This last point leads us to what we know about the structure of defense in psychosis, which I shall discuss at this point only as it relates to schizophrenia and only as to some of its facets. One aspect is the deficiencies of repression and their consequences as to the libidinal and aggressive features of schizophrenia. It has also sometimes been said—e.g., Nunberg (1920)—that the loss of object libido destroys the repressions, but how this happens is not altogether clear. Generally speaking, and keeping in mind the interrelation of defenses against the outer and the inner worlds repeatedly emphasized by Freud, one may say here that schizophrenics show a lowered reactivity to all kinds of stresses (Redlich, 1952). But what is most obviously lacking is the organized ego-integrated stability of the defenses, as compared to what we find in neurotics and in normal persons. We know, too, that primitive defense mechanisms—as turning against one's own person, reversal into the opposite, projection, and the most striking of all, the detachment of libido—are more characteristic of schizophrenia than those like repression that demand a constant maintenance of counter-cathexes. This lowering of the ego's defensive potential first gathered by the study of adult schizophrenics, has been confirmed by work with childhood schizophrenics. Two factors stand out: while there probably is an increased tendency toward conflict, there is at the same time an incapacity of the ego to deal with it by the usual methods. What Hendrick (1951) said about psychosis being primarily a result of defect of functions usually considered components of the ego, may be to the point here, and one may think of a deficiency in those 'primary autonomous precursors of defense' which I discussed on another occasion, or of some form of what B. Rank calls 'ego fragmentation'. If it is true that the ego is a weak link in the psychological setup before the outbreak of psychosis—maybe long before—we would

like to know more about the genetic side also of the defenses and their precursors

Disturbed object relations in infancy or childhood have been widely studied from many angles, not only in order to shed some light on the fusion of self and world, a central problem in the symptomatology of schizophrenia, but also as to their possible meaning in its etiology. To quote only a few studies among many, Mahler (1952) has described two distinct groups of early psychoses: in the first, the autistic group, the mother seems not to be cathected, while in the second, the symbiotic group, the early infant-mother relationship is marked, but the representation of the mother is not separated from the self. I also remind you of the cases described by Anna Freud (1951) in Amsterdam two years ago. She found that surrender to the love object is experienced as a return to primary identification, and these patients fear and defend themselves against this regressive dissolution of personality by a complete rejection of all objects. These cases have not developed schizophrenic psychosis but they are to the point here because they shed light on another pathological development of early object relationship. In earlier and rarely quoted studies, Hermann (1936) has described that pair of functions "clinging" to the mother and "going in search" of something away from the mother—aspects of object relationship, I should think, and not partial drives as Hermann supposes they are. But he has perceived some aspects of the pathology of those relations. Another contribution of his (1929) concerns his hypotheses about temperature orientation, and "flowing over," a precursor of projection. These ideas were seized upon by Bal (1939, 1943) in order to explain transitivity and the feeling of being influenced in schizophrenia. Temperature orientation, according to him, would be a causative genetic antecedent of identification and a model of object relation. While its causative role has not been proven, we may well consider it (and "flowing over") regular building blocks of one phase of self-object relations, and frequently later as one of their symbolic representations.

NARCISSISM AND THE DISTURBANCE OF SPECIFIC EGO FUNCTIONS

The earliest stages of these self-object relations have usually been described as steps leading from primary narcissism to object relation. Essential pathological features of schizophrenic regression could be elucidated from this angle. We know the role of narcissism in causing disturbances of object relation—and also the role of impaired object relation in augmenting narcissism. Since the twenties, when Freud redefined ego

functions in terms of his later views a more differentiated—i.e., the structural—concept of ego-id relations has been more or less generally accepted among analysts, and the developmental description of object relation, on the one hand, and of the ego functions involved on the other, became more concrete and specific. This broadens the range of our questioning and also the access to the answers. I described two stages of object relation as the relation to the need-satisfying object and the achievement of object constancy. From another point of view, the emerging of the second from the first stage has also been described by M. Klein (1948) and Hoffer (1952). Anna Freud (1952) sees this progress in quantitative terms, it is, according to her, determined by a decrease of the drives themselves. My own explanation (1952) of one aspect of it was that at the later stage, constant relations with the object, independent of the state of the needs, can be maintained because of a partial change of instinctual to neutralized cathexis of the objects. This hypothesis is basic too for what I shall later develop in regard to the consequences of deneutralization in schizophrenia. It also goes well together with Anna Freud's formulation, if we assume, which I think we may, that neutralization of drive energy will change the balance between the instinctual and the noninstinctual forces and tend to decrease the urgency of the former.

Here I may say a few words about another aspect of the separation of self and object, which also is a step toward the constancy of the latter. First the infant does not distinguish between the objects and his activities vis à vis the objects. In the words of Piaget (1945) the object is still nothing but a prolongation of the child's activity. Later, in the course of those processes that lead to a distinction of object and self, the child also learns to make a distinction between his activity and the object toward which this activity is directed. The earlier stage may be correlated with magic action and probably represents a transitory step in ego (or, rather, pre-ego) development, interposed between simple discharge and true ego-directed and organized action. The later stage represents one aspect of objectivation which is an ego contribution to the development of object relations and an essential element in the institution of the reality principle. Piaget's finding agrees rather well with the findings of analysis, and it means metapsychologically speaking that from then on there is a difference between the cathexis of an object-directed ego function and the cathexis of an object representative.³ I mention these points here because they have a bearing also on our understanding of

³ We shall see later an analogous distinction between ego function and self representative.

psychosis where it is important for us to realize these differences—particularly the second one that has sometimes been blurred in the common use of the term narcissism

Time does not permit me to discuss in any detail intentionality, the capacity to orient oneself toward something, to aim at something, in perception, thought and action or attention, or anticipation, which belong in the same category as objectivation in so far as they, too, are ego contributions to the building up and structuring of the object and partly also of the inner world. About reality testing I shall say a few words later.

Various forms of disorganization of thought characteristic of schizophrenia can be described in terms of the disturbance of the functions I just mentioned. Here also belongs the impairment (though usually not complete lack) of abstraction, the so-called 'concreteness' of schizophrenic thinking or what has been called its "symbolic character. An important derangement of the anticipatory function is manifested in schizophrenic anxiety. While anxiety is a frequent and central phenomenon in schizophrenia, it appears that its use as a signal to announce and forestall danger is mostly defective (see also Mahler, et al., 1949, K. Eissler, 1953⁴). I also call attention to the impairment of that formation, or organization, of affects which is due to the ego (K. Eissler, 1953). To discuss more in detail one of the disturbances I have in mind. One aspect of language plays, as you know, an essential part in Freud's psychology of schizophrenia. It is the fact that words are subject to the primary process or that they are treated as if they were things. In the course of the schizophrenic process, while the ideas of the objects lose their cathexis, the preconscious verbal presentations connected with the objects become hypercathected.⁵ The role of language in schizophrenia has, however, still another feature which is the reason why I mention it in this connection. Generally speaking, we may attribute three functions to language (see K. Buehler, 1934): it expresses something in the speaker, emotion, for instance, it represents facts or relations of facts: it is what one has called propositional and it provides signals for communication. The use of signals we also find in certain other animal species. But signals are operators—to use an expression of Charles Morris (1938)—while symbolic language (symbol here being used in a more general not in a more specific analytic connotation) is 'designatory'. Most important in this context is the deficiency of the second, the propositional or representational function—I am speaking of words

⁴ See this Volume pp. 199-251.

⁵ Freud's later formulation of the contents of the preconscious in his "Outline" (1914) may indicate a changed approach also to this subject.

meaning something, pointing to something, stating something—that function by which, I would think, language, besides adding verbal to thing representation, is also that function by which the former is made to signify the latter. It is this relation between the word and what it stands for that is so frequently distorted in schizophrenia.⁶ This impairment actually transcends language. If what in a normal person would be a symbol (we are now using this as an analytic term) is in schizophrenia, treated as if it were identical with the object or relation it symbolizes, this is part of the same disturbance. I also want to remind you that the sudden and immediately evident accrual of “new meanings,” the investment of banal perceptions with new and often portentous significance, is—though not much studied in analysis—one of the most characteristic symptoms of schizophrenia. It is actually much more characteristic of schizophrenic delusion than the oft-quoted “incorrigible sticking to erroneous opinions,” which it shares with other psychopathological states and which is in certain circumstances common even in normal individuals. To come back to language in its ontogeny, expressive sounds and attempts toward communication through them precede the development of its propositional aspect which develops parallel with the emerging of the ego as a definite system of personality. The undoing of this step in schizophrenia is part of the ego’s disintegration. What I had in mind here is to delineate in terms of specific ego function a phenomenon that Freud discovered long ago. If words are treated as if they were things, this is, looked at from this point of view, a loss in the representational function of the ego which normally allows differentiating the signs from what they signify. The keeping apart of the two belongs to that state and distribution of mental energy that we call the secondary process. That is why Freud could describe what happens to words in schizophrenia as their being subjected to the primary process.

Not all the ego functions to which I referred are interfered with in every case of schizophrenia—and this is true also of related childhood disorders (Rank and MacNaughton, 1950), some intellectual functions for instance, may be preserved. And the ego apparatuses—serving memory, perception, and so on—are usually intact or at least they are certainly not damaged as they are in organic psychoses. It would be highly promising to see in the study of individual cases, or of types of cases, which of the functions I mentioned (and of others related to them that I did not mention) remain intact. Similarly Katan (1953) has recently asked for a

⁶ I cannot discuss here the distortion in the use of grammar comparatively frequent with schizophrenics.

closer examination of residual personality. Without an understanding of the residual personality, the pathological features also cannot be fully understood. One would expect that the individual preservation of specific ego functions could be related to the degree of secondary autonomy (of resistivity against regression and sexualization or aggressivization) which these functions have reached in the course of childhood development—as we know from the analytic study of children that their tendency to regress is also dependent on the level of ego development (Hartmann, 1952; A. Freud, 1952). But a variety of factors come into play in schizophrenia that make the correlation a more complex one, forcing us to admit that this question has not been sufficiently studied. Moreover, at the present stage of our knowledge, it seems difficult to account for the fact that various types of schizophrenic psychoses tend to leave different parts of what in the normal are autonomous ego functions unimpaired.

In emphasizing the ego aspects of schizophrenia⁷—speaking of the deficiencies of defense, of the ego's contributions to object relations, and discussing the impairment of other partly object-directed ego functions—I do not, of course, want to neglect the instinctual factors involved, though I shall discuss only one aspect of them, referring to the economy of aggression. The reasons for my approach are reasons of expediency, dictated by the actual occasion of this presentation (that is, its necessary limitations) but also by the fact that at least some of the instinctual factors in schizophrenia—the detachment of libido, regression, the role of libidinal and aggressive vicissitudes in restitution—have been much more thoroughly studied so far; while the other aspect—the disturbance of the ego, as, e.g., the ego factor in fixation—though recognized in its importance, has never been well understood, or even sufficiently defined. Therefore, in this presentation I shall not go into whatever the nature of the instinctual problems (oedipal and preoedipal, bisexual, aggressive, etc.) may be which the ego tries to escape from in severing its ties with reality. However, I am aware that one of the principal aims of a theory of schizophrenia would be to establish greater continuity between its instinctual and its ego aspects. I shall discuss one such link which, I think, can be found in turning to the economic basis of the phenomena we observe.

BROADENING OF THE ECONOMIC APPROACH

But it will be necessary for that purpose to use a broader concept of the economic approach, which is usually understood to refer to the

⁷Freud has mentioned the possibility of primary ego disturbances in schizophrenia, without, however, elaborating this idea.

vicissitudes of quantities of mental energy, to include also the consideration of the different modes or forms of this energy. Here we have to make two distinctions: one between libidinal and aggressive energy, which is commonly accepted, and another one in regard to the place of an energy quantum in the continuum from fully instinctual to fully neutralized energy. The degree to which its instinctual character has been transformed may coincide with the degree to which the primary process has been replaced by the secondary process.

This approach has its origin in Freud's statement (1923) that ego functions work with a modified form of energy which he traces to the desexualization or sublimation of libido. The reasons why I and others had to widen his statement to account also for desaggressivized aggression are given elsewhere (1949). Sexualization or aggressivization of ego functions leads to their disturbance. Sexualization or aggressivization has, of course, here as elsewhere, one aspect which relates to regression.

I think that the concept of neutralization is relevant also for our understanding of schizophrenia, as it provides us with a vantage point from which several of its features appear to fall into line. One could try to describe the impairment of ego functions I cursorily discussed by reference to narcissistic regression, but such a description is necessarily incomplete. Narcissism is, strictly defined, libidinal cathexis of the self, not just of the ego (Hartmann, 1950). Its mode may be either instinctual or neutralized. A description from the angle of narcissism does not account for the distinction between sexual overestimation of the self, as we find it, e.g., in megalomania, and other forms of self-cathexis. Nor for the differences of 'ego' and 'self,' or between the cathexis of the self image (a complex of representations) and of ego functions—a distinction that is relevant in developmental psychology and in the pathology especially of psychoses. These ego functions are not all self-directed as would be implied if we were to use in their description only a narrow concept of narcissism. What Freud calls typical ego functions (e.g., thought and action), may certainly be self-directed (oriented toward the self), but they may also be object-directed (oriented toward the outer world) *in the latter case their cathexis does not mean increased interest in the self*.

Freud (1911) in the Schreber case, has given us a classical description of the pathological process in schizophrenia, the withdrawal of libido from the objects and its subsequent investment in the self. As I said elsewhere, the latter is not so much a 'reaction' to the former, rather both represent different aspects of the same process. About the narcissistic character of the process there is no doubt. Still, in line with what I said

before, one may try to describe the process not only quantitatively but also as to the degree of neutralization of the energies involved. Hypercathexis of the self, or, let us rather speak here of that part only that belongs to the ego, can hardly, by itself, be expected to account for the failure of the ego functions that we actually find impaired. You remember Freud's critical remarks of Jung who would not accept his hypothesis that the detachment of the libido from the objects and their withdrawal into the self could cause the loss of reality in psychosis. I think that Freud's correlation of reality loss with libido withdrawal is very likely true. However, to the reasons why it is so I may add the damaging effect of the withdrawal is not only due to the resulting hypercathexis of self (and ego), but also to the fact that in this process the ego (also the object directed ego cathexes) is flooded with nonneutralized libido. Self cathexis is sexualized which leads to the 'sexual overestimation' of the self, and so are at least part of the ego functions, which leads to functional trouble, even more so, because, as we shall discuss later, the schizophrenic ego's capacity for neutralization is damaged. The magic thinking and acting we find in schizophrenia is correlated with this process. The ego functions I described are normally dependent on the use of neutralized energy.

In the example we discussed, ego disintegration, then, is partly a result of object loss and sexualization. But, on the other hand, the capacity for full object relations and for neutralization, and the resistivity against object loss and deneutralization, are in part rooted in ego development. The interconnection of the instinctual and ego aspects of object relation, as of the relation to the outer world in general, is clearly apparent in the development of the child. The ways in which, and the degree to which, objects are built or lost are co-determined by factors we attribute to the ego. Such data are important not only for our understanding of the schizophrenic process, they become particularly relevant as soon as we consider questions of etiology or of predisposition. They also give us a more precise picture of what 'fixation' on the side of the ego may mean.

If frustrations, and particularly narcissistic injuries, which would be of minor importance if occurring to other individuals, are frequently capable of inducing a detachment of libido and precipitating a schizophrenic process this is essentially due to the deficiency or to the lack of stabilized power of object relations and certain ego functions. The vulnerability of the schizophrenic ego to frustrations from without indicates that its relation to reality must have been damaged. This has often and correctly, been described as the weakness of the schizophrenic ego (recently by Bychowski, 1952). But it seems relevant to specify the ego functions the impairment of which determines that

"weakness" The schizophrenic ego cannot deal with those frustrations in the way they are normally dealt with, because its relations to reality, the object-directed functions I mentioned its faculties of defense and of neutralization, are impaired I am speaking of neutralization and not of sublimation, because this impairment also involves the transformations of aggressive energy which I shall discuss later, but the term neutralization is also wider in another respect It not only refers to occasional energy transformations in certain conflict or danger situations It comprehends likewise the probably continuous process by which instinctual energy is modified and placed in the service of the ego Furthermore, in its secondary processes—and dispositions to secondary process functions—the ego builds up a reservoir of neutralized energy and energetic interchange takes place among the various aspects of ego activities (Hartmann, 1950)

It has, of course, frequently been observed that in schizophrenia a breakdown of what is usually called sublimation takes place, though certain ego functions commonly resist disintegration Not much had been made of such observations so far as the theory of schizophrenia is concerned But I should think—I developed this idea some time ago and spoke to you about it at the Congress in Amsterdam—that the lability of neutralization, or its impairment, is a fundamental character of the ego disorder in schizophrenia

The hypothesis of neutralization and deneutralization of aggressive as well as of libidinal energy also implies that an increase in aggressive strivings in their unmitigated mode would not necessarily be traceable to defusion of libido and aggression Without undervaluing the importance of instinctual fusion and defusion, we might say that deneutralization is an additional factor to be considered in explaining such an increase in unmodified aggression⁸ By the way, this additional proposition allows of a more direct empirical validation, e.g., in child psychology, than do our assumptions on instinct fusion and defusion That the two factors under discussion—defusion and deneutralization—may be interrelated, is possible (Hartmann, Kris, Loewenstein, 1949), but a positive statement in this matter would be premature

In schizophrenia we commonly find defects in superego structure (Nunberg 1932), which can partly be attributed to the detachment of libido and to regression The disintegration of the superego structure often goes together with a great violence that has variously been described

⁸ Also the power of differentiation between the libidinal and the aggressive impulses (Rosenfeld 1950) may well be considered from the angle of ego function and the faculty of neutralization.

as 'brutality' and 'self-destructiveness,' etc. (Zilboorg, 1930, Wexler, 1951, Pious, 1949, Rosenfeld, 1952) At the same time also its ideal formation and libidinal aspects may be deranged. The outbursts of unusual violence of the schizophrenic superego may be described as a modification of its energy that brings its already normally aggressive cathexis even closer to the fully instinctual mode. However, a significant feature of the schizophrenic superego is the low level of organization, or integration and differentiation, on which it works, part of which is also its lack of stability or consistency. One gets the impression that those layers of it which are closest to the ego, which show the influence of the ego's synthetic and differentiating functions, the impact of all those ego functions that normally account, from a certain age on, for a comparatively stable and workable equilibrium between superego demands and the actual functioning of the ego, have been radically modified. I am, of course, aware that there are many other and important facets to the more or less specific superego changes we find, among which the archaization of the predominant identifications seems to be of paramount importance.

Though terminology varies as to this point, we would rather not call a superego 'strong' that can be erratically over severe, but rather one that fulfills its functions in a stable and coherent way. One of the striking characteristics of the superego-ego relations in schizophrenia, though it is also not quite specific of schizophrenia, is the disparity of superego severity and the ego's capacity to enforce them. This brings us back to the subject we broached above: the pathology of the defense mechanisms we find in schizophrenics. There we cursorily stated the facts which we now shall attempt to understand better.

DEFENSE MECHANISMS IN SCHIZOPHRENIA (AGGRESSION AND COUNTERCATHESIS)

In previous papers (1950, 1952), referring to two ideas of Freud, I stated the reasons which led me to assume that the energy used in counter cathexis is probably as a rule one mode of neutralized aggression. You remember that Freud compares and partly traces defense against drives to defense in situations of danger from outside and to their main characteristics: fight and flight. Counter cathexis used in ego-id conflicts, while being fed by neutralized aggression, would represent a mode of aggression in which at least one feature of the aggressive drive, that is 'fight,' is yet demonstrable. Still we know from the study particularly of repression that it normally works with a comparatively high level of neutralization,

higher than the one we would ascribe to the functions of the superego. This hypothesis of counterathesis as being based on the neutralization of aggression may prove helpful also for a clarification of certain problems we are discussing today.

We come to the conclusion that the ego's capacity to defend itself against instinctual drives is—among others—dependent upon its capacity to neutralize aggression. This is true at least of those defense mechanisms, like repression, that presuppose a stable counterathesis. I presume that the schizophrenic's lowered ability to neutralize aggression is one of the main reasons for his failure to achieve workable defenses (Hartmann, 1952), and for the prevalence in schizophrenics of such defense processes in the ego that demand a lesser degree of neutralization.⁹ Failure or impairment of neutralization, and of the erection of stable defenses can be studied in the child. I surmise that these defects—especially in their interrelations with defective object relations about which I shall say a few words later—can be considered relevant in the predisposition to schizophrenia.

The relations of different forms of neutralized aggression to ego organization are manifold, and it is very likely that these modes of energy play an essential role in the cathexes of a great variety of ego functions. But here we are first of all concerned with defense. Counterathesis appears to be one typical way to utilize aggression (one transformation of aggression) for the aims of the ego. Free aggression can be used in its service if the capacity for neutralization is intact. If it is impaired the defense mechanisms not only will be damaged and the control of the instincts thus be rendered more difficult, the relative strength of the instincts vis à vis the ego will also be increased as a result of the freeing of instinctual aggressive energy that had previously been neutralized in counterathesis.¹⁰ This freed instinctual energy may then be turned against the outside.¹¹ Also all kinds of attempts of defense on a lower level of integration, as projection and others may be directed against it. Part of it may be turned against the self, and, under certain circumstances, foster self-destruction. M. Klein (1946) and Ro-

⁹ Again as so often in biology the relationship is mutual. The process of libido detachment may as we saw lead to deneutralization but the choice of that dangerous method of defense—it is "pathological in itself" as Freud said—may be co-determined by the ego's incapacity to erect more appropriate defenses.

¹⁰ I do not propose to go any further here into Freud's distinction of "free" and bound energy.

¹¹ For an example see Hartmann (1950). I intentionally limit myself to this aspect and shall not discuss here the problem of free aggression traceable to instinctual disunion.

seinfeld (1947) have described, in the schizophrenic, "splitting of the ego" as a result of aggression being turned against the self

It is the propositions I just developed that I had in mind when speaking of an attempt to breach at least one of the gaps between the instinctual and the ego aspects of schizophrenia. Nunberg (1920) compares the destructiveness of catatonic patients with defenses, this comparison is even more plausible if we keep in mind what I just said. I also may remind you here of Freud's hypothesis that free aggression increases the proclivity for conflict. If this is so, the deneutralization of counter-cathetic energy would contribute to an increased proneness to conflict and at the same time to the incapacity to deal with it—which describes rather well what we actually find in schizophrenia. That part of the deneutralized aggression may be interiorized and absorbed by the superego is certainly possible. It would correspond to what we generally know of one of the ways to dispose of free aggression.

What I said may help us to a better understanding also of the super-ego-ego-id relation in repression, in normal psychology as well as in psychopathology. If defensive counter-cathexes are fed by a form of aggressive energy, what we know of the role of the superego in repression, or rather repression under the impact of superego demands, can be better described as a dependence of one form of aggressive relation (between ego and id) on another one (between superego and ego) and possibly as a shift of aggressive cathexis combined with an increase in neutralization in the ego. Freud (1932), in discussing the superego's role in repression, speaks also of the case in which the obedient ego establishes repression on the order of the superego. What I have in mind could be described by saying that the obedient ego in carrying out the order uses means (modified aggression) similar to those by which the demand has been imposed on it. However, as neutralization is impaired in schizophrenia, the process I just described does not work, which may be an energetic aspect of the clinical facts we describe as superego-ego disintegration.

But all this is an obvious oversimplification, e.g., because inner and outer frustrations are interrelated in a very complex way. I remind you of Freud's finding (1930) that outer frustration tends to increase guilt feelings and of his explanation that this is so because frustration gives rise to aggression which is suppressed and 'made over' to the superego. There is no doubt about the correctness of Freud's finding. Yet, the increase of guilt feelings as a consequence of frustration (in case aggression is not discharged toward the outside) seems to vary rather widely also among normal individuals. I should suggest that in cases in which it plays a comparatively minor role this may sometimes be due to the fact that

part of the aggression raised by frustration is used in the defensive countercahexis of the ego rather than in the superego. The differences in outcome will depend on the relative strength of the ego vis à vis the superego and on its capacity for higher degrees of neutralization.

In ontogeny we see that the defenses against the without as well as against the within develop in close interconnection with object relations and generally with the relationships to the outer world. Trouble in object relations may interfere with the formation of stable defenses—and vice versa (see also Arlow, 1952). I said before that full object relations (in the analytic sense but also in the more general sense of 'object world' used in nonanalytical psychology) presuppose, as one contribution from the ego, some degree of neutralization of libidinal as well as aggressive energy which secures constancy of the objects independent of the need situation. But it has also been emphasized, in particular by Anna Freud (1949) and E. Kris (1950) that good object relations benefit neutralization. Joining this together with what I said before on the neutralized nature of countercahexis, it appears that there is a common economic aspect to the development of both defense and object relation which may be relevant to their developmental interrelation. Also, this may be a circular process, constant object relations facilitating stable countercahexis and the latter helping to build up the former. I was speaking above of neutralization of libidinal as well as of aggressive energy. But considering the energetic nature of countercahexis it would be particularly promising to study in children the role played in these processes by the economy of aggression. It is very likely that distorted object relations—though their closer definition escapes us so far—are one predisposing agent in the development of schizophrenia. They have to be considered from the point of view of aggression as well as libido, and also as to the mutual influences of ego and id—one decisive factor on the side of the ego being the level of neutralization. In schizophrenia this level is lowered—as shown in the defenses in reality testing and contact with reality etc. This dedifferentiation of the ego also means that the more differentiated forms of object relations (and for that matter, objectivation) can no longer be maintained in their place; we find incomplete demarcation or fusion of self and object, and lack of differentiation also between ego and id. We know that in the development of the child self-object and ego-id differentiation run parallel.

A NOTE ON RELATIONS TO INNER AND OUTER REALITY

Stable object relation can be a basis for stable relations also to reality in general. On the other hand, we know that also in the non-psychotic person withdrawal of object cathexis may lead to loosening of the ties with reality. We can view what happens there from the angle of regression. I discussed earlier today one specific hypothesis as to the role which in the case of psychosis, sexualization or aggressivization of ego functions may play in this process. But as I just said, we assume also for the normal person that his attitudes vis à vis reality are deeply influenced by the vicissitudes of the unconscious layers of his object relations. In this we usually do not see much of a problem. Nevertheless, I would not say that the metapsychological problem is fully understood, but I do not propose to discuss it here.

Speaking of reality testing, I said before that its dedifferentiation, too, may be related to deneutralization. Here I want to add that clinically we see different layers, or aspects, of reality testing, in pathology, not all of these layers are necessarily damaged simultaneously. The basic layer would be the one most often referred to by Freud: the capacity to distinguish perceptions from ideas (presentations); its impairment is also one side of that fusion of inner and outer world we see nowhere clearer than in schizophrenia. Another one appears in what I described in briefly discussing one characteristic of schizophrenic delusions. In the cases I had in mind, perception is unchanged, but the meaning of the perception is radically altered. A further aspect of reality testing, of a more general nature, may be described as the correction, or elimination, of subjective elements in judgments meant to be objective—delusions can be described as a special case of its pathology, which however, covers a much wider field of phenomena. The basic layers of outer reality testing break down only in psychosis, superficial layers may be interfered with also in neurotic and normal persons. Actually, as mental phenomena are no less 'real' than the outer world (though we often refer to the latter only in speaking of 'reality'), it might prove useful to broaden the concept of reality testing to include testing of the within besides testing of the without. Every neurosis adulterates insight into inner reality, and reality testing of the inside is never perfect even in the normal person (with the exception, maybe, of the ideal case of a fully analyzed person—if there is such a human being). In schematically contrasting what in a given situation a neurotic and a psychotic would do, Freud says: the neurotic represses the instinctual demand,

while the psychotic denies outer reality. In this case, we could say that with the neurotic testing of inner, with the psychotic testing of outer reality is interfered with. However, a higher complexity is introduced by the fact, among others, that the two aspects of reality testing often interact. Repression will frequently affect the picture of outer reality, though never so radically as it is affected in psychosis. On the other hand, while schizophrenics may have a better insight than the normal person into some aspects of inner reality, their picture of it is on the whole distorted and unstable. I cannot follow this trend of thought here, I just introduced it because I think that the study precisely of the interactions of outer and inner reality testing would help us to describe more clearly some specific features of psychosis. This interaction is, of course also developmentally relevant. Action can be truly syntonic with reality only if it considers not only outer reality, but also the inner reality of the actor, and the interactions of both. I think it is a definite step in the child's acceptance of the reality principle (in a wider sense) if he learns not only to manage objects in the outer world, but in doing so also to integrate expectancies as to outer with expectancies as to inner consequences.

Clinically, we know of a great variety of relations between defense (working with one form of neutralized aggression) and the other ego functions I spoke of (which are fed by energy of the highest degree of neutralization of both libidinal and aggressive drives). The synthetic and differentiating functions which belong in the latter group are definitely correlated with the control of instinctual drives. On the other hand the defensive functions influence in various ways those ego tendencies that keep up the contacts with reality, and so on. The pathology of these interactions of ego functions would be of particular interest in a systematic study of psychosis. While as a rule stability of defenses certainly enhances the stability of contact with reality, we see in schizophrenia that also the opposite can happen. This is so because of what we discussed before: contact with reality is also based on object cathexis. Therefore, defense against (withdrawal from) object relations may result in a loosening of the ego's attachment to reality. In these cases the ego is, as it were, confronted with the choice between the maintenance of defense and the clinging to reality.¹² Economically, what we actually see in schizophrenia is as I said before: that some of these functions may be kept on a high degree of neutralization while others have been aggressivized or sexualized.

¹² This point is discussed in greater detail by M. Katan (1953) in his contribution to this symposium.

I tried to explain one aspect of these differences—but I certainly do not think that any systematic presentation could even be attempted today. One gets the impression that there is not only a partial impairment of neutralization, but that also the "operations of displacement," the distribution of neutralized energy, its free shift to the points where it is needed, are interfered with.

PREDISPOSITIONS TO SCHIZOPHRENIA

Nowhere else in pathology is it so important to trace the development of mental processes back far beyond the stage of fully developed function as it is in the search for the predispositions to schizophrenia. As to its instinctual side, this predisposition has been situated in the oral-aggressive stage (M. Klein, 1948). But the problem has actually been investigated also as to different aspects of the unfolding of object relations. However, for a fuller understanding of etiology and of fixation we need a far more specific knowledge of the evolution also of certain other ego functions, some of which I discussed today. Why hypotheses on narcissism are in one sense too broad and in another too narrow to account fully for the subject, I have said before. In the context of today's paper, insight into the development of neutralization and countercaathexis appears to be essential.

The question as to how far my suggestion in regard to the mode of energy found in countercaathexis may be true also of the first countercaathetic structures which we would expect to be present very early in life, cannot be answered so far. Speaking at our last Convention in Amsterdam, I ventured the hypothesis that those primitive inhibitory apparatus which are parts of the primary autonomous equipment of the ego may contribute to the development of these very early countercaathexes. Brierley (1952) has recently again called to our attention the role identifications may play in the setup of these countercaathetic organizations. According to Rapaport (1950), "It is a rather common occurrence for energy distributions which usually strive for discharge, when they are prevented from doing so, to structuralize to prevent or regulate their own discharge." The concept of secondary energy distributions actually covers one aspect of what we call neutralization. These countercaathetic energy distributions are essential, e.g., for the acceptance of outer reality; without them not even the separation of outer and inner world could come about. They are one aspect also of synthesis and differentiation, and, of course, of defense. What I want to emphasize here is that these countercaathetic structures, factors like postponement of discharge, but also what Freud called the "protective barrier against stim-

uli," are probably among the genetic precursors of later defense mechanisms (Hartmann, 1950) Bergman and Escalona (1949) used the concept of a "thin" protective barrier against stimuli in accounting for the unusual sensitivities of children, most of whom they described as schizophrenic Sensitivity against stimulation from outside actually plays a large role at least in one phase of schizophrenia (Glover, 1949) Bergman and Escalona (1949) assume that a thin protective barrier may lead to precocious ego development¹³ Actually, these early developed ego functions may prove highly vulnerable Sometimes, they subsequently seem to achieve a comparatively high degree of secondary autonomy, but often their resistivity is impaired It is not impossible that the difference between precocious functions of the one and the other type may reveal itself to direct observation

Summarizing my own impressions, partly based on what I told you today, it seems to me that the hypothesis of deficiencies in primary autonomous factors in the ego contributing to the vulnerability of defense and of neutralization (and of other ego functions), and thus representing one etiological factor in schizophrenia, is very likely to be true I want to state again that these agents in the course of development act in continuous interdependence with others I, of course, do not deny, but, on the contrary, would like to emphasize, the causative role also of different factors, the best studied of which are the other aspects of object relations *But it is not impossible—I submit this cautiously—that anomalies of primary autonomy also represent part of the hereditary core of schizophrenia (there may be others, as bisexuality)—which is only one of its determining factors, of whose existence, however, there can hardly be any doubt, though its probability of manifestation is still under discussion If we accept Freud's statement (1937) that defenses (and other ego functions) may normally have a hereditary core, we will not be too surprised to find that this is true also of the anomalies or vulnerabilities of defense (and other ego functions) This does not, of course, decide the question whether, as a rule, hereditary or environmental factors are prevalent in the etiology of schizophrenia I shall not describe here the role of early traumatic and other environmental influences, nor their interaction with maturational factors Moreover, it is not unlikely that pathognomonic features which in certain cases seem to be traceable to early weakness or distortion of ego functions may come about in others as a consequence of later organic impairment¹⁴*

¹³ See also Hartmann (1950a)

¹⁴ An attempt to correlate our findings with those of physiology might well appear premature though there is no doubt that Freud considered such correlations as the final aim of psychoanalysis But I just want to mention here that some recent work on

SUMMARY

What I put before you today is an attempt to account for some aspects of schizophrenia in terms of the impairment not so much of "the ego," as of specific ego functions. I tried to integrate, or more modestly, to account for, certain well known data about schizophrenic defense, object relations, language, reality testing, and so on. This was done from one point of view, but not exclusive of different ways to approach the problem. While I abstracted, for the purpose of this presentation, one aspect, I repeat here what I said before, that its meaning is fully realized only in its interrelations with others. That many aspects of schizophrenia cannot be really understood unless we approach them in terms of meta psychology, has been clearly stated by Glover (1949). The metapsychological hypotheses I used allowed me at least partly to bridge the gap between the instinctual and the ego aspects of schizophrenic psychosis, and to establish some connections between the one and the other. They gave me some insights into the economy particularly of aggression and into its role in the normal as well as in the schizophrenic individual. And they led me to some conjectures about the problem that is for many of us in the foreground of interest: the predisposition to schizophrenia. Some of the clinical phenomena that can be explained in the framework of these hypotheses will also be discussed at this symposium by Dr. Bak.¹⁵ In a paper like this one, with its operational, or heuristic, one-sidedness, we are of necessity confronted with a large number of question marks surrounding an island of tentative propositions, but I think I am safe in saying that the hypotheses I suggested are at least not in contradiction with empirical data, or with the main body of tested psychoanalytic theory.

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the pathophysiology of schizophrenia particularly of the adrenal system if it can be confirmed appears to be relatable to what we think in psychoanalysis about the schizophrenic's defenses. Of course, we would have to differentiate the concept of "stress" that has proved useful in physiology in order to make correlations with analytic data and hypotheses more meaningful. That is we would have to work with the elaborate framework of "danger" and "conflict"-situations which we use in analysis.

¹⁵ To be published in the *Int J Psa*.

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NOTES UPON THE EMOTIONALITY OF A SCHIZOPHRENIC PATIENT AND ITS RELATION TO PROBLEMS OF TECHNIQUE

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It seems justifiable to inquire into the specific factors which make the emotionality of a schizophrenic patient different from that of other patients and to investigate to what extent this specificity of schizophrenic emotionality might require specific changes in the psychoanalytic technique. Although I do not think that this paper can really live up to the full requirements of such an ambitious undertaking, it nevertheless may contribute modestly to it. My speculations began during a phase of the treatment of a schizophrenic patient, long after her acute condition had subsided. I thought I observed—within clinically pertinent areas—a specific relationship between the patient's ego structure and her emotions. It seems to me that this relationship might allow generalization in terms of a basic defect with which a schizophrenic patient has to struggle, although in various phases of the disease and of the treatment the phenomenology of schizophrenic emotionality differs unquestionably in significant aspects. However, before delving into the subject matter, a few general points must be raised in reference to the psychoanalytic theory of emotions.

I

A Freud's statement (1923, p. 84) that only the ego is the abode of anxiety can, I think, be extended to almost all emotions if not, perhaps, to all. The id and the superego cannot be anxious, likewise they cannot be hopeful, hateful, friendly, or experience any other emotion. In all these emotions one must see processes which take place exclusively within the area of the ego. Of course, these processes are correlated in almost all instances with those which take place in other parts of the personality. Sometimes they are direct derivatives of id strivings, for example, the

feeling of love, which will be a derivative of an id wish. Sometimes an emotion will be the effect which an ego-alien province has upon the ego, for example, the sadness and grief of the melancholic patient, which are the consequences of the superego's cathexis with aggressive energy. Sometimes the process results from the energy which the ego mobilizes in response to a distasteful perception in reality, such as rage in view of an offense. And fourth, it may concern an autonomous reaction of the ego itself, such as happens when the id is satisfied and the demands of the superego are appeased and reality has lost its attractiveness due to the body's fatigue. Then the ego feels somnolent. Of course, the instances given here are abstractions, since emotional processes in the ego are in some way always correlated with processes in all other provinces of the personality in so far as these are cathected at all.

B: The second general point I wish to raise goes back to Freud's metapsychological remark of 1915, in his paper "The Unconscious," namely that emotions cannot be unconscious. I think we are all too much inclined to neglect this aspect although its clinical validity seems to be well supported. It is not correct to speak of unconscious or repressed hatred. What is really meant by such a statement is that the wish to commit an aggressive or destructive act is repressed. If the threshold of repression were lowered the ego would feel hatred. Yet feelings may be unconscious if the term is restricted to its phenomenological meaning. Since parts of the ego are unconscious, it may well be that emotions unfold within the unconscious part of the ego and from there affect behavior without becoming actually conscious.

The discussion of this problem is not easy in the context of psychoanalytic literature since the decisive paper of Freud (1915b) was written at a time when the structural aspect of psychoanalysis was not yet explicitly formulated.¹ Yet as early as 1915 Freud wrote this far-reaching statement: "The truth is that it is not only what is repressed that remains alien to consciousness, but also some of the impulses which dominate our ego and which therefore form the strongest functional antithesis to what is repressed" (Freud, 1915b, p. 124). If this is true, it is probable that an emotional process may take place in terms of content and discharge without coming to the subject's conscious awareness.

Analytic experience seems to demonstrate this in a context implied by Freud (1915b, p. 126) when he wrote: "It is very remarkable that the Ucs of one human being can react upon that of another without the Cs being implicated

¹ For differences in formulation in Freud's work and a general discussion of the problem see E. Kris (1919).

at all. This deserves closer investigation especially with a view to finding out whether preconscious activity can be excluded as a factor in bringing this about.

I believe that psychoanalytic practice familiarizes us occasionally with a clinical situation which permits an answer to Freud's question. It probably has happened to a number of analysts particularly at the beginning of practice that a patient's report elicited an emotional response which the content of the report did not seem to justify. In most instances after this had happened to me I discovered in the course of the analytic interview that the patient was harboring emotions to which I had responded. Evidently I had reacted emotionally to something in the patient which was grasped by me intellectually only later. The patient's verbalization—seemingly neutral—had nevertheless conveyed to my own unconscious that emotion which he inadvertently tried to conceal but which later became manifest and easily distinguishable in the course of the interview. In other words my emotions had responded faster than my intellectual understanding. Thus what may look—if not investigated further—like a spontaneous countertransference is in reality a premature response of the analyst's preconscious.²

Since in the instances referred to here the patient's emotions became clear in the course of the interview without any interpretation given I concluded that the emotional process to which I had responded subjectively had occurred in the patient's preconscious. I believe that this clinical situation points strongly toward the presence of emotions in the patient's preconscious system.³

Evidently it is necessary to differentiate between a situation where the unconscious parts of the ego are free of an emotion and the repressed impulse is completely relegated to the repressed part of the id and one where emotions are not fully unfolded within the ego but are present within the unconscious area of the ego. I believe that in most clinical situations the analyst automatically differentiates between these two situations. Usually when it is said that a certain impulse or wish cannot be interpreted to the patient because it is not yet close enough to the surface, the metapsychological description would be the emotions corresponding to the respective wish or impulse have not yet formed in the

² The analyst's emotional response may thus be an important clue in directing the intellect toward the salient points in the patient's verbalizations. Nevertheless, and despite its validity the clinical application of this view is dangerous in so far as a reaction of countertransference may erroneously be regarded as a response exclusively correlated with the hidden meaning of the patient's statements.

³ Freud (1923, p. 26) writes: "Feelings are either unconscious or conscious" but cannot be preconscious. This may be correct depending on the way the preconscious system is defined. I have in mind only two points: (1) Emotions occur exclusively within the ego. (2) The ego is not always conscious of the emotions taking place within its confines. These two points I think can easily be proven on clinical as well as on theoretical grounds.

unconscious parts of the ego and the derivatives of the repressed impulse from which we arrived at an interpretation are limited to ideational representations only

C The third point I wish to raise relative to a general metapsychology of emotions concerns the change from a full fledged emotion, filling out the full area of the ego, to a signal, a process which Freud (1926) described regarding anxiety I wonder whether this transformation does not hold true also for other emotions The reduction of an emotion to a signal must not be confused with the relative abatement of the emotions which occurs generally in conjunction with the beginning and progress of the latency period, although the two problems are not unrelated In general, I think, the ego's ability to use anxiety for signals becomes an integrated institution only at the time of the latency period Until then the ego may easily become the prey of a full fledged anxiety attack or temper tantrum⁴

But the general disappearance of temper tantrums and their reduction to anger are alone insufficient proof that this emotion has taken on the form of a signal Rage or anger can also serve as signals As the anxiety signal automatically elicits changes of cathexis favorable to certain dispositions of the ego, likewise rage may be reduced to a signal eliciting cathectic changes favorable for certain actions In other words, it is not necessary to go into a temper tantrum in order to attack The question whether all emotions (and, if not all, *which* emotions) are reducible to signals or can be used as signals has not been answered yet,⁵ nor has the question what makes anxiety so particularly prone to be used as a signal There is also the possibility that some emotions have only signal function and hardly ever appear as discharge phenomena Tentatively, I assume that these emotions can occur only in an ego which is highly differentiated Not all emotions are universal, the occurrence of some depends on the level of development which the ego has attained

It is not probable that these statements would find general approval among analysts Relatively little work has been done in the field of emotionality, and it is not clear what the prevailing theoretical views are regarding emotionality But these introductory remarks may serve as

⁴ The latency period causes only a temporary halt I think that the reliable and permanent integration of the anxiety signal as a replacement for a full fledged anxiety attack coincides with what Freud called "a sharp and final division between the content of the two systems" (Ucs and Cs) which "as a rule takes place only at puberty" (Freud 1915b p 127)

⁵ Fenichel (1911) seems to assume that all affects can be tamed to signals Specifically he speaks of shame disgust and pain-signals (p 60)

preliminary generalizations formulated for the purpose of facilitating communication about the following clinical facts which were abundantly present during a certain phase of a schizophrenic patient's treatment.

II

What became so evident in my patient was that her emotions did not lend themselves at all to the purpose of signals. Whenever she was afraid of a situation she had to cope with terror. Whenever she disliked somebody, she experienced full unmitigated hatred. Whenever she liked a person she loved passionately. This was partly due to a lowered barrier between ego and id. It became clear to her that she did not know an emotional middle ground such as moderately liking or disliking a person. Likewise she never considered the possibility of moderate emotions occurring in others. Her reports of the emotions she had observed in others regularly concerned observations of emotions which she was convinced were of extreme intensity.

But the patient's emotionality showed not only a dysfunction in terms of an incapacity to reduce emotions to signals and a resulting intensity of emotionality. It became equally clear that once aroused an emotion fully unfolded all of its potentialities to concreteness. In the nonschizophrenic these potentialities—to be discussed presently—remain inhibited or are only implied unless special circumstances favor their full concretization. I call the potentialities of an emotion all that may occur under the impact of an emotion in an ego that does not curb the emotion by any means but lets it unfold unhindered. If such an emotion should lead to an action the emotional sphere would of course be transgressed. Therefore in this context the impact of emotions on thinking—in terms of thinking disturbances—and on the perceptive systems—in terms of hallucinations or illusions—is not examined in detail; the disturbance is investigated chiefly as it pertained to emotionality.*

In order to facilitate the description of what I mean by the potentialities of emotions it may become necessary at times to hypostatize the concept of emotion. Every emotion has the tendency to unfold and to engulf the whole ego and to exclude the presence of any other emotion. When I speak of the tendency to take possession of the whole ego I do not mean this only in terms of excluding other emotions. Aside from its tendency toward finding a discharge by means of the psychomotor system an

* The patient to my knowledge had never suffered from hallucinations but had developed *bona fide* delusions during the acute stage of the psychosis.

emotion will also lead to the cathexis of the body image and of the representations of objects. An emotion also has the tendency to accumulate new energy by activation of all memories which are closely related to it and whose contents support it.⁷ A person in the acute state of joy would rather think of cheerful things and will find less reason to imagine the causes for being sad or depressed. The sad person, however, will complain that only depressing ideas come to his mind. The activation of corresponding ideas, in turn, will have a stimulating effect on the evoking emotion. The tendency of an emotion to take full possession of the ego's whole area, to attach itself to all ego functions, to color the motives of action and to self engender increased strength was realized with full actuality in the instance of my patient, that is to say, the patient experienced as actuality that which usually remains potentiality or implication.

Some of the consequences which ensued from this lack of inhibition were as follows: when she had an emotion she was certain that it would be noticed by anyone present. Although such a conviction falls into the class of delusions, I think the metapsychology of her idea was essentially different from what is usually called a delusion (Federn, 1952). Since the whole body image became fully cathected with the respective emotion, the patient's ego was compelled to feel that anyone who would look at her must perceive the emotion. Likewise she claimed that if she felt the emotion of love in the presence of the beloved person, she would have to walk up to the person and communicate her feelings to the person verbally. The patient demonstrated repeatedly what she would then be doing. She started to fidget about and to bubble forth endearing words like a little girl. She experienced as real the anticipated cathexis of the motor system which unavoidably would take place if an emotion unfolded unchecked. The important point is that it was immaterial to her whether a corresponding action took place or not—as a matter of fact it seldom, if ever, took place. Once the whole motor system was cathected by a certain emotion, the ego had to respond as if that action had actually taken place. It is worth while to consider that at varying stages of childhood development the child actually cannot prevent the direct or indirect manifestation of emotions and is greatly surprised and often frightened when adults perceive emotional processes which he had never wanted to express. The facial expression of the child, of course, betrays anger or joy or feelings of guilt, even when the child tries hard to keep the respect

⁷ For a general discussion of the concept and theory of emotions and the influence of emotions on memory, see Rapaport (1942).

the feeling secret. Furthermore, the little child usually has not yet learned that the adult concludes from the child's counteractions the presence of an emotion which the child tries to conceal. The child does not know yet that the successful dissimulation of an emotion requires the suppression of that emotion and also the concealment of any suppressing action (A. Freud, 1936, p. 42).

There are several consequences to such a state of affairs. Such an ego is unable to experience two emotions at the same time since an emotion realizing its full potentialities extinguishes all other emotions. In case two emotions should accidentally be activated simultaneously, one must disappear. It will be readily observed, once the attention is directed to this phenomenon, that almost always a variety of emotions are present simultaneously in the average person, who may, for example, feel tired and nevertheless feel joy at the prospect of going to the movie. The patient's ego, however, was incapable of tolerating even this level of complexity, whereas the nonschizophrenic ego can synthesize even the most contradictory feelings.

Furthermore, stimuli reaching the ego from the outside had to be interpreted in accordance with the emotional state of the ego. When the patient had felt admiration and respect for a person who did not talk to her, she claimed that this person did not want to talk to her in order not to embarrass the patient or that he kept away from her because he had become frightened by the intensity of the patient's emotion. Her own positive feelings for a partner and the perception of this partner's lack of interest in her would have created a contradiction which her ego would not have been able to synthesize.

The patient had to experience reality in a fashion which made it a complement of her own emotions. One might think that the patient's delusional-like claims about her environment were wish fulfillments. However, very often—even in the majority of instances—her assumptions regarding the emotional processes in her environment were painful but together with her own feelings about that person they always made a kind of simple and logical short story. Nor were her claims based on projection. Projection results in the denial of the presence of an impulse or an

* In saying that the patient's short stories were not based on projection I mean that they were not the effect of a defense mechanism. Piaget (1929) writes: "Finally it is difficult to distinguish projection from those cases in which we endow things not only with our own characteristics but also with such conscious motives as might occasion the sensation &c experience in observing them: thus a child frightened by the sight of fire endows the fire with malicious designs. It is not the feeling of fear which is attributed to the fire, rather the child projects into the fire the reciprocal sentiment of maliciousness" (p. 35). My patient's stories followed exactly this pattern. But Piaget is wrong.

emotion, this was not achieved by the patient's way of interpreting the behavior of her environment. The existence of her own emotions was not put into question by the fantasies which she experienced as real. The only fact which was denied by them concerned her real isolation, that is to say, the fact that the social world in which we are living does not respond to our emotions *per se*.⁹ However, I doubt that the denial of the fact that the world takes its course without regard for our emotions should be considered a psychological tendency in this patient. I would rather say that she was fixated to a level which may be called a social animism. Her outlook on the social group was based on the principle that any emotion she experienced in the presence of others had to have a palpable social effect.¹⁰ We therefore can add here to the well known omnipotence of thoughts and wishes, that of the emotions. A higher form of this attitude can be frequently found also in normal adults. There the principle sometimes shows up in the following version: if the object of my emotion knew of the intensity of my feelings, this knowledge would influence the behavior of that person, the one toward whom the emotion is directed. The frustrated lover is convinced that the beloved would necessarily accept his endearing oaths if she could be convinced of the intensity of his craving.

This concept, however, never appeared in the patient's ideation. Her emotional life always proceeded on the more archaic level of the direct social effectiveness of emotions, and social reality was consistently interpreted in such a way as to confirm the principle.

Thus the patient can be characterized by her great sensitivity to contradictions originating in discrepancies between social reality and emotion, by the compelling urge to establish a primitive harmony purified from such contradictions, and by the necessity of adhering to these simple or primitive syntheses.

when he continues that psychoanalysts have used the term in this sense. The main usage of the term is devoted to projection as a defense mechanism and Piaget's example just does not fall into that category. Yet compare Freud (1912). But projection is not specially created for the purpose of defence. It also comes into being where there are no conflicts. The projection of inner perceptions to the outside is a primitive mechanism which for instance also influences our sense perceptions so that it normally has the greatest share in shaping our outer world" (p. 857).

⁹ For the discussion of this problem see Freud (1922, pp. 23, 236).

¹⁰ It is remarkable that this basic principle never spilled into the representation of the physical world but was strictly limited to the social area.

III

The question arises here as to how this patient succeeded in surviving socially in a highly differentiated society not adapted to her primitive syntheses. Her external behavior was exemplary at that time. She went to work despite extremely difficult circumstances, she behaved toward her fellow workers in an exemplary way, she fulfilled her duties to the dot, and, despite the initial conviction that studying and learning would destroy her brain, when her work necessitated the acquisition of a Master's degree, she continued college. The patient could achieve all this—more successfully than many of her far healthier co-workers and fellow students—despite her social animism. She did so by using a technique which, notwithstanding its unfailing usefulness, formed the center of her complaints during that treatment phase. In accordance with the properties of her emotional life which I have previously described, she seemingly annihilated for a while all those emotions which stood in her way, but in turn she generated those emotions which she needed in order to function adequately on the social level. This technique can be illustrated as follows:

When the patient saw a man whom she loved enter the office, she was in danger of feeling love in his presence, which would have made it impossible for her to function, for—as mentioned earlier—she was certain the man would notice her passion and that she would walk up to him and express her feelings. Under such circumstances she instantly felt dead. Feeling dead temporarily solved the whole problem. The production of the feeling of deadness was the main tool with which she solved the majority of the innumerable social complications through which she went constantly.¹¹ Very surprisingly one could notice that the only protection this patient had against an emotion was another emotion. In her struggle against the daily appearance of unacceptable emotions she had not formed defense mechanisms, but like a skilled juggler she juggled one emotion against the other in order to arrive at an emotional state which permitted action in terms of socially acceptable behavior. If I may compare her emotions with physical forces, I would say that her emotions followed the first law of Newton, the law of inertia, which says that a body's motion continues until another force has an impact upon it.¹²

¹¹ I would like to emphasize that this description covers only certain—though frequent—occurrences of the feeling of deadness. At other times the feeling of deadness had a different origin.

¹² As a matter of fact we treat infants in the preverbal state in accordance with the same principle. When the infant shows signs of displeasure we try to induce pleasurable emotions which will supersede the unpleasant ones.

Spinoza, strangely enough, says that "an emotion cannot be restrained nor removed unless by an opposed and stronger emotion" and he also denies the existence of an ego. The patient's ego was a playground of emotions which battled each other in accordance with their natural strength and intensity. Among the many possibilities the feeling of choice was the feeling of deadness. It was, so to speak, an ever-ready currency against which all others could be exchanged, comparable to Freud's description of anxiety in its relationship to the drives.¹³

When it occurred as the replacement for an emotion for which the patient had no use, the feeling of deadness served several purposes, the foremost of which was to get the ego into a state of readiness for social action. Once an emotion which stood in the way of social action was eliminated by the activation of the feeling of deadness, words and emotions which—in the patient's opinion—fitted the social situation were "pumped up," a process experienced by the patient as unpleasant and exhausting. The feeling of deadness set up a *tabula rasa*, so to speak, upon which the ego artificially could put the socially required emotion, like a painter puts the correct pigment on the canvas. This artificially evolved, "pumped up" emotion did not follow Newton's law since it was—in her way of experiencing it—not a true emotion at all, but pretense. The true emotion in such an instance was the feeling of deadness which was in her estimation socially offensive and which therefore had to be concealed behind the artificial one. Thus, despite all precautions, she came into conflict with the archaic tendency toward primitive synthetization, which conflict, in turn, produced pain. Her ego was evidently capable of bearing this contradiction which was created by a pretended emotion put upon the *tabula rasa* established by the feeling of deadness. Nevertheless, she desperately tried to evade the contradiction because of the pain it generated, since she felt at ease only in her world of primitive harmonies; it was clear, however, that this contradiction was easier for her to bear than the simultaneous presence of two live emotions or the performance of an action which was in contradiction with a live emotion which might have been present in her consciousness at the time of acting.

One of the remarkable features in this setup concerned the patient's

¹³ To a certain extent, one could say that whereas in the neurotic, anxiety might have appeared, in this instance the feeling of deadness occurred. However, it would be wrong to conclude from this that this feeling served the sole purpose of avoiding or inhibiting anxiety. The feeling of deadness was used as an antidote against a variety of emotions and also against anxiety. Since feelings of terror were prone to evolve in the patient, the feeling of deadness was often thrust against the onslaught of panic, but I do not think that there was a specific relationship between anxiety and the feeling of deadness.

necessity for creating first a platform—in the shape of the feeling of deadness—upon which she could lean in order to produce the socially fitting emotion. The normal adult also makes use of socially adapted emotions which rarely are entirely identical with his true feelings, but he finds the platform—which the patient had to create each time—constantly ready in his ego. The patient acted internally like a diver who must build a new diving plank each time he wants to dive into the water, whereas the normal person is like one who takes the presence of the diving plank for granted, uses it automatically, and can rely on its presence whenever he wishes to dive.

The feeling of deadness served other, subordinated purposes, one of which I wish to mention. It protected her against humiliation. If some one should try to reproach her she could, as she thought, tell herself that the reproaches were mild since in reality she *was much worse*—namely, she felt dead. In her early puberty a student whom she admired had made fun of her, at that time she had voluntarily made herself feel dead since this eliminated any feeling of humiliation and assured her a stolid, unmoved mien.¹⁴ *Being worse*, however, is in this context an ambiguous term referring to one's physical state or to the morally opprobrious. In the patient these conditions were not far apart. Genetically feeling dead was equated with 'feeling like shit,' which is part of oneself but is lost as her personality was lost in the course of her first psychoanalytic treatment, an event resulting in the feeling of deadness (see *infra*). But 'being shit' was a secret kept ready by the patient as an assurance that no one could humiliate her more than she could humiliate herself. To the patient's ego a Pyrrhic victory was evidently preferable to a mild defeat.

When her feelings became too strong to be eliminated by a feeling of deadness, she could feel invisible. For a long time this feeling was produced regularly on her way from the waiting room to the office. In the course of her analysis it became clear to her that her sexual fantasies regarding the analyst would not materialize. She was here in the situation which was so obnoxious to her, that of having positive feelings for a person in whose presence she found herself, and furthermore, she was compelled to verbalize them. When the analytic treatment militated against the conviction of the correctness of the complimentary stories she had formed about the analyst, she solved the ensuing conflict by having the

¹⁴ It is surprising how many symptoms of schizophrenia go back to ego-syntonic contrivances purposely set up by the patient in earlier years. After all, many hallucinations about which the schizophrenic complains are direct derivatives of daydreams most pleasurably experienced by the patient prior to the onset of the psychosis. This was brought to my attention first by Dr. E. Bibring many years ago.

feeling of invisibility. Despite her ready admission that she knew very well she was exposed to the analyst's full sight, she felt poised and free of discomfort because of the experience of this particular feeling of invisibility.

IV

The finding that this patient could maintain herself as a going concern only by generating feelings in order to counteract other emotions is particularly surprising because here an area within her ego was found which was not protected by defense mechanisms. A comparison with the nonschizophrenic shows the following pertinent difference: the attitudes or emotions which a subject shows to the group or to his fellow man are the end products of a chain of events among which is encountered a variety of mechanisms. Mechanisms mold impulses, drives, and emotions into end products acceptable to the subject. It was the peculiarity of this patient that within a clinically pertinent area of her ego only the activation of emotions was found. The interplay of emotions *without* the activation of mechanisms led to a configuration which appeared to the patient as socially acceptable which was, therefore, finally permitted to enter the direct social contact. These remarks refer only to one aspect of a certain treatment phase though perhaps the most significant one of her disease. She had reported—to mention only one of the many instances of defense—the fear that her mother might stab her, a fear which was based on a massive projection of her own murderous impulses against her mother. But the further her analysis progressed the more the pathological material concentrated upon a defect which could be ascribed to a deficit in the formation of defense mechanisms within that area of her ego with which she maintained her social contacts.

Outside of the pathognomonic area which is discussed here, defenses were built up. As is commonly observed in all patients, certain areas of the repressed part of her unconscious were very little accessible. The struggle against the coming into consciousness of some painful events of childhood, which had been reconstructed and later confirmed by dreams, was fought by her with the intensity which is commonly encountered clinically. A barrier between ego and id had been erected, of course. Without some differentiation of the id, human life is not possible. The patient had also formed identifications with the father and mother, but identifications which were different from analogous structures in non-schizophrenics. In this connection I would like to examine a certain habit of this patient to ascertain its potential or actual value as a tool of

defense. Often when I made an interpretation which she considered particularly pertinent, true, and revealing—usually called a discovery by her—she was prone to laugh. Indeed she later used laughter sometimes as an indicator of the correctness of an interpretation. Thus she would say "I do not know why I laugh. What you told me now must be correct because I am laughing." The meaning of that response was never satisfactorily clarified. It might easily have served the expression of several attitudes, such as "What the analyst says is ridiculous" or "I do not need to feel ashamed, the analyst's interpretation is only a pleasantry." But her laughter probably also meant the expression of pleasure that the analyst knew or believed he knew things about her which she considered bad and repugnant, without getting angry or without despising her. Thus in this instance the laughter might also have served as a defense (Kris, 1939, Jacobson, 1916). The minimum criterion of a defense mechanism is that a psychic phenomenon whatever it may be, must become unconscious. The feeling of deadness or the feeling of invisibility did not serve such a function. The patient remained aware of the fact that she was in love with the man in whose presence she did not want to experience affection. Also, when she felt invisible on her way from the waiting room to the office, she was aware that this was aimed at eliminating temporarily a feeling which was obnoxious. The feelings of deadness and invisibility did not accomplish the detainment of a content from the ego's realm. Yet the defense mechanisms do not cope only with ideational representatives, but also with emotions or affects. In that respect the feeling of deadness seems—at first glance—to have achieved that which we expect from defense mechanisms since it blotted out an emotion which was inconvenient to the ego at that particular time. It achieved this for a limited time only, namely, for as long a time as the patient needed it. One hesitates to call even this effect a result of defense. During the time she experienced the feeling of deadness she did not lose knowledge of those emotions which she had removed by means of the feeling of deadness. The whole process is distantly related with isolation but belongs definitely to a different category. Its main effect lies in avoiding the simultaneous experience of certain emotions and certain sense perceptions. Subsequently the original emotion was permitted to return. The original emotion was often one which stemmed from an id wish and thus the feeling of deadness often resulted from the usual battle of the ego pitted against the id. It was most interesting to observe that the ego had the power of generating certain emotions which it needed in its temporary fight against objectionable wishes, a process which Freud postulated in his metapsychological study of anxiety. In the instance of my

patient the feeling of deadness apparently derived from anal, sadomasochistic drives. In her early development there must have been a time when she enjoyed the fantasy of being a scybalum, possibly out of the impulse to retrieve the irretrievable. At a time when she claimed that everything in her was dead, she admitted that one situation existed in which she could feel life again, namely, during an effortless bowel movement. A day of constipation was a catastrophe for her and a suggestion to use abdominal pressure in order to achieve an evacuation was scornfully rejected with the remark "One can't do everything with the help of an encyclopedia. In some situations one must be spontaneous." I surmise that as an adult she continued to identify with the scybalum and that the feeling of bliss was the result of the harmony established between her and the world as represented by the scybalum.¹⁵ It is noteworthy that here she was able to use a mechanism and, concomitantly, she was temporarily free of her principal emotional disturbance.

The feeling of deadness had become severed from its original instinctual source and was freely at the ego's disposal. Occasionally the patient was unaware of the particular emotion against which the feeling of deadness was directed. For example, one of the few times when she felt dead during the treatment hour occurred after I had moved to a new office. Analysis revealed that she thought she perceived in me a reprehensible character trait manifested by that move and felt deeply disappointed. This unconscious feeling of disappointment was kept in abeyance by her feeling dead.

Pursuing the incessant struggle in the patient's emotional life between feelings of deadness or invisibility and feelings of love or hatred or of another variety, one receives the impression that the disturbance which she possibly showed furnishes data from which a generally valid classification of emotions could be derived: those which are derivatives of drives and those which are generated by the ego for its own special purposes. This classification would find a historical precedent in Freud's early division of drives into sexual instincts and ego instincts. Thus one could speak of id emotions and ego emotions. The former are correlated with processes which originate in the id while the latter originate in the ego. This particular patient's conflict, however, did not go on exclusively between id and ego emotions; rather one ego emotion might have been used to combat another depending on their indices of displeasure. The pleasure-unpleasure principle does not regulate only the intersystemic

¹⁵ The meaning of the scybalum was overdetermined and had also the meaning of a peak.

but also the intrasystemic processes, thus this patient used the feeling of deadness also against the feeling of anxiety

Yet, however great the deficit might have been in the evolvement of mechanisms, the patient had built up some defenses sufficiently to enable her to abandon the early childhood period. These defenses, of course, had not accomplished that which they were meant to accomplish, however, the ego had succeeded in initiating some defensive processes in the struggle against infantile impulses. Within the area I am discussing here, this patient had managed to maintain a state of adequate functioning in external reality by means of the production of certain emotions without evolving defense mechanisms of the sort encountered in nonschizophrenic patients. A point of theory may be raised here. Can we draw the conclusion from this observation that some defense mechanisms are genetically congealed emotions? A developmental sequence of the following sort is suggested: the ego tames part of the drives, integrating them by transforming them into emotions, emotions become congealed and become mechanisms, thus facilitating still more the ego's task of keeping itself free from the direct encroachment of drives.¹⁶

V

The patient showed still another revealing particular in her emotions. Once she came to the analytic session quite elated, an emotional state which was unusual for her. In the course of the interview I made a few remarks. Suddenly she said, 'I am dead, I have no personality'. Everything, so she felt, had disappeared in her. It turned out that my remarks had depressed her. What the patient had described in that moment was a state which corresponded to a feeling of sadness. The question arises, why was this patient unable to become sad unless she felt at the same time that she was not maintaining her ego, that is to say, why did sadness coincide with the loss of her personality?¹⁷ In pursuing this question I came unexpectedly to a further elaboration of the clinical observation that the patient's feelings unfolded themselves completely. In this particular instance, however, the direction of the process had been reversed. Those emotions which reached her from without, which she perceived in others and believed were directed against herself, also unfolded com-

¹⁶ For the problem of the origin of mechanisms see Hartmann (1950) and Glover (1947).

¹⁷ As a matter of fact the patient with a few exceptions never showed signs of true sadness. One of these exceptions concerned the suicide of an acquaintance. It is possible that this patient was able to feel sad only in connection with death. If this were true it possibly permits far-reaching conclusions.

pletely within her. She had experienced my remarks as aggression and consequently felt attacked, the hostility which had reached her from without had a destructive effect, so to speak, upon her ego. The perceived aggression accomplished its maximum effect by deleting her personality. At times there was apparently no difference whether emotions evolved within the confines of her personality or reached her from without, they followed the law of inertia. This was sometimes also true when she felt loved, thus, when her mother turned smilingly toward her she again felt alive and was happy.

However, I believe I could see that the patient had the tendency to experience all displeasurable emotions as feelings of deadness or, more precisely, that her ego was forced in many instances to experience displeasurable emotions as feelings of deadness. This was not true of other, more concrete, kinds of displeasure. Physical pain did not have the effect of blotting out the ego, as did the displeasure inherent in some emotions. Hypothetically, I would suggest that this displeasure was caused by unsublimated destructive energy and had a specific effect on ego structure which was perceived as a loss of personality (see *infra*).

If the clinical observation is described in the negative, one can say that the patient's emotions did not find an internal resistance. If an emotion threatened to cause danger, she could fight against it only by engendering another emotion which was stronger than the dangerous one and which would spread in accordance with the law of inertia, nullifying the first one.

My conclusion is that her ego was lacking in structure. The deficit in defense mechanisms and the identification of a displeasurable emotion such as sadness with the feeling of loss of personality necessitate certain assumptions regarding her psychic apparatus. Whereas in the nonschizophrenic the psychic apparatus develops structure which establishes a relative independence of the psychic apparatus from emotions in such a way that emotion and ego can be distinguished by the subject, in the case of this patient, emotion and ego—within a certain area—were identical. Even in greatest sadness the nonschizophrenic can keep his ego apart from his grief, with this patient grief and ego became identical. The lack of a structure which automatically would inhibit emotions could also be observed—though in a different form—when she was exposed to strong feelings of joy. Occasionally—as on a day of brilliant spring weather—it happened that she became genuinely elated. One would have expected her to appreciate being free for a few hours from the feelings of deadness which always made her complain bitterly. On the contrary, she now claimed to feel worse than usual and requested me

to do something against "these feelings of life" or else she would have to commit suicide, since the onrush of these emotions was unbearable and would bring destruction to her. One evidently deals here, within the sphere of emotions, with a fear which Anna Freud (1936, pp. 149-189) called "the fear of the strength of instincts." Yet this patient's basic and insuperable fear concerned the intensity of emotions.

She was relatively better prepared to deal with her drives, particularly with the pregenital ones, as indicated by her repeated statement that she had three great pleasures which she was determined to enjoy: eating, sleeping, and bowel movements. When she entered a short-lived sexual relationship, she enjoyed the physical aspect (although she did not reach climax) but felt absolutely at a loss about how to conduct a conversation with her friend. I do not claim here that her instinctual development had remained unharmed. The mere fact of her inability to reach a climax, despite enjoyment of intercourse, reflects one of the many injuries she had suffered. Nonetheless, it was striking to observe the relative ease with which—in certain areas—she achieved gratifications of unquestionably instinctual impulses vs. the almost complete incapacity of maintaining ego-syntonic emotional processes.¹⁸ Therefore I do not think that her fear of emotions was a displaced fear of instincts, but rather a genuine fear caused by a specific ego defect. I do not agree with Fenichel (1910, p. 52) when he writes "That which is sometimes described in the literature as 'fear of the strength of the instincts' really ought to be called 'fear that intense affects may appear and overwhelm rational behavior'." I believe that the fear of instincts has to be distinguished from the fear of emotions or affects. I also believe—and this patient may serve as a proof—that defense against instincts and defense against emotions do not always go parallel.¹⁹ Possibly the discrepancy between the defense against emotions and that against instincts accounts for the particular gravity of some ego disturbances. We may speak here of a deep-seated anisomorphism of the defensive apparatus.²⁰

¹⁸ The patient's relative freedom toward instinctual gratifications vs. her self-destructive uncompromising battle against emotions would be a challenging subject to discuss. Here it can only be said that the patient had succeeded in making physical, predominantly pregenital functions the unmitigated center of physical gratifications and of the fulfillment of moral laws. Cf. Freud (1913a, p. 37): "There are parts to which men give their preference that in their ideals originate in the same preferences and experiences as those of objects of which they have most abhorrence and . . . the two originally differed from another only by slight modifications."

¹⁹ See for the opposite view Anna Freud (1937, pp. 34-41).

²⁰ Cf. Waelder (1931) for homomorphism of the defense mechanism and the form in which the ward-off mental crisis returns.

VI

In the following I wish to discuss the metapsychology of the patient's ego defect.

The perceptive apparatus is characterized by its outstanding biological endowment of irritability by external stimulation. It is the tool *kat ex ochen* with which the ego can maintain contact with external reality and by which reality can flow into the psychic apparatus and leave within it permanent traces in the form of memory. Notwithstanding the relative closeness of the perceptive systems to external reality, stimuli originating from the inside of the psychic apparatus must also be considered. Two extremes of subservience of perceptive systems to internal stimuli can be described. The perceptive apparatus may put itself, even entirely, into the service of the id and repudiate its principal function of depicting reality (Hartmann, Kris, Loewenstein, 1946, p. 14). The perceptive apparatus then will search reality solely for possibilities of id gratifications; whereupon the ego, by means of the motor system under the guidance of the perceptive system, will devote itself exclusively to changing external reality in such a way as to yield the desired gratification. This kind of subservience is encountered in delinquents, drug addicts, etc.; in a nonpathological form it is also encountered when a person is driven by intensive life necessary biological needs such as hunger or thirst.

A more archaic form of subservience—of great importance in the study of schizophrenia—is encountered in early phases of development. At the beginning of development, when external reality has not yet been represented, the perceptive apparatus serves the id in a still more fundamental way. As Freud (1938, p. 43) wrote in "An Outline of Psychoanalysis": "Originally of course everything was id; the ego was developed out of the id by the continual influence of the external world"; that is to say, the perceptive apparatus was also part of the id.²¹ External reality was not yet represented, and the perceptive apparatus could not have achieved at that early time the service which I have described above. Freud's assumption that the perceptive apparatus also was initially dominated

²¹ In the same "Outline," Freud also writes of the original identity of ego and id and of the undifferentiated id-ego. At present many analysts prefer to view the initial stage of the psychic apparatus as a nondifferentiated id-ego phase. See, e.g., Hartmann (1952a, p. 17) and Anna Freud (1952a, p. 46). The question of which approach is preferable can be answered at present only on heuristic grounds. I prefer to view the initial stage as being pure id. It would require a long discussion to present the reasons for my preference. The fact that constitutional factors have their bearing on ego development does not militate against this view. See, however, Freud (1937) and Hartmann (1950, 1952).

by the id is of greatest importance. At the beginning of development the id must have had free access to the perceptive apparatus, which at that time was an apparatus receiving stimulation probably—even predominantly—from the interior and discharging id energy, as Freud indirectly postulated by his theory of hallucinatory wish fulfillment. The transformation of the perceptive apparatus into a nucleus of ego formation²² is probably one of the most decisive processes upon which the later fate of the ego will depend. As long as direct observation of the infant does not reveal the many and probably very complicated processes involved in that transformation, schizophrenic patients will be the principal though unsatisfactory sources from which to obtain some knowledge about this first step in the evolution of an ego.

However, the perceptive apparatus due to its exquisite biological endowment of becoming irritated by external stimuli has sent out excitations in the opposite direction also, that is to say, from the surface of the apparatus to its inner parts. To say that the perceptive apparatus was stimulated from without does not mean that the organism experienced at that time this stimulation as originating from without nor that the organism noticed at that early time a qualitative difference between stimulation from without or from within. The difficulty in speculating about these early developmental steps is caused by the discrepancy between our relatively well established knowledge of objective biological processes and our utter ignorance of the corresponding subjective, psychological occurrences (Glover, 1917).

Thus one may construct the hypothetical model of an apparatus or of pathways within such an apparatus in and along which excitations flow in opposite directions. The conclusion would be that these excitational flows must collide at one point. It is not out of keeping with biological observations to assume hypothetically that such energies inhibit each other and lead to the formation of structure.²³ This mediating position of the perceptive apparatus, its biological faculty of being the bearer of excitations flowing into opposite directions may make it the indispensable prerequisite for the formation of ego nuclei.²⁴

The growth of the ego may be hypothetically visualized in its early phases as a moving of the point of collision of two opposite flows of

²² See Freud (1923, p. 27). It [the ego] clearly starts out from its nucleus the system Pcppt.

²³ Pavlov's experiments of contrary reflexes led to structural changes in the skin of the experimental animal.

²⁴ For a different theory of the formation of ego nuclei see Glover (1915). See also Hoffer (1952) for internal environment and hallucination in conjunction with the origin of the ego and further Hoffer (1950).

irritation or excitations from the surface into deeper and deeper layers of the psychic apparatus; that is to say, the structure formed within and around the perceptive apparatus will gradually extend deeper and the perceptive apparatus, which at the beginning was a pure organ of irritability, by means of external and internal stimuli gradually becomes a perceptive system.²⁵ Thus, around each perceptive system an ego nucleus is formed converting colliding energies into structure until the confluence of these nuclei forms a primitive ego halfway protecting the perceptive systems from the access of id energy.²⁶ One may even regard the principal biological meaning of ego formation as the tendency to preserve the perceptive apparatus from direct stimulation by the id.

Of course, the perceptive systems never lose the faculty of being stimulated by id energy, as Freud demonstrated by uncovering the processes of dream formation, but this takes place only when the access to the motor system has been blocked as happens in the state of sleep.²⁷ In still another sense the visual apparatus remains the carrier of stimulation from within. It is a time honored and possibly correct belief that the eyes betray a person's true feelings. A deep biological truth may underlie the superstition that a person will speak the truth when looking into another person's eyes.

The perceptive systems are the main paths by means of which reality makes inroad into the psychic apparatus, and one may say that with each act of perception ego structure is formed. In the course of development the capacity of perception to stimulate the formation of structure must become smaller and smaller until finally the changes are imperceptible. But as long as the ego has preserved the capacity for growth in structure, it may be postulated that perception still has such effects. With the decline of the importance of perception, thinking and understanding take over their roles as the leading functions of the ego.

The perceptive apparatus also shows the different contributions which

²⁵ See Freud (1932, p. 75) "Starting from conscious perceptions, it [the ego] has to fight under its influence ever larger regions and ever deeper layers of the id."

²⁶ Once this task is accomplished the laws of ego development will change. It may be of interest to note that a collision of energetic flows must be assumed wherever Freud put the main steps of early ego development. "It seems," writes Freud (1923, p. 30), "that another factor, besides the influence of the system *Percept*, has been at work in thinking about the formation of the ego and its differentiation from the id. The body itself, and above all its surface, is a place from which both external and internal perceptions may spring."

²⁷ In this context it may be proper to mention briefly that my patient woke up regularly after each dream. In her case the dream had lost its function as a guardian of sleep. I believe I have noticed that a disturbance of the dream function per se is no rare occurrence in my female patients.

external stimuli make to id development and ego development. As far as I can see, the development of the ego and its functions depends in a specific way on external stimulation. Seeing may be taken as a paradigm. An eye which is never stimulated becomes amblyopic and does not attain the capacity to function. The passage from one pregenital phase to another, however, and the attainment of genitality are not dependent on external stimulation in the same way. Ego development is unthinkable without stimulation of the psychic apparatus from without, whereas id development, if this question is reduced to thought experiment, is conceivable without such stimulation (Freud, 1905, p. 83, particularly footnote). The ego is that part of the id which has been structured by the impact of reality, as Freud repeatedly stated, and therefore in all its structurizations (except one to be discussed later) it is dependent on external reality.

In the case of my schizophrenic patient, the question arises now whether these early processes of ego formation had a bearing on the symptoms. I believe that in my patient, as perhaps in all cases of schizophrenia, perception did not lead to the formation of ego structure in the same way as in nonschizophrenics. A problem of perception is possibly always involved in schizophrenia, and one may derive the weakness of the schizophrenic ego from the relatively slight effect which reality has had in terms of the structurization of the ego by means of perceptions.

It is impressive to observe in each case of schizophrenia, as in the instance of this patient, the ease with which the schizophrenic (even when unencumbered by hallucinations and when free from directly psychotic manifestations) can overrule perceptive evidence. The many fantasies and beliefs this patient reported about her eyes—during phases closer to acute illness than the one under consideration in this paper—were based on actual sensations she felt in her eyes. Whether these sensations fall within the scope of organ hallucinations is immaterial, but they may well have been due to excitations from within the psychic apparatus and of the kind I have postulated for early phases of the development of the perceptive apparatus. In the various dysfunctions of the organ²³ I believe I observed the struggle between the stimulation by external reality and that by internal irritation.

This patient—and perhaps this is significant of schizophrenia in general—oscillated often between two extremes: either she made herself an automaton, that is to say, she followed on an imitative level the dictates of sense perception, or she overruled perceptive data by making them the

²³ See Freud's (1915b, p. 131) remark about organ speech.

bearers of her own fantasies. But these two extremes—still alive as potentialities in the nonschizoprenic also—suggest a structural defect in the area which should, in the adult, separate the perceptive system from the id. The structure (ego nuclei) which has formed around the perceptive systems yields two new achievements in case normal development takes place: (1) the perceptive system can no longer be reached by internal excitations—at least, not with that ease with which it occurred initially—and consequently the perceptive system can serve, undisturbed by drives, the depiction of external reality. Thus, external reality can take a firmer grip upon the psychic apparatus than was possible prior to the formation of ego structure; (2) the psychic apparatus has achieved a certain measure of independence from sense perception because: (a) the areas of excitation are limited and the apparatus no longer reverberates in its entirety under the impact of excitation from without; (b) internal and external excitation can be distinguished; and (c) the barrier against stimulation from without becomes properly integrated and the ego uses it to its maximum benefit. It is important to keep in mind this double effect—seemingly self-contradictory—of ego structure upon the psychic apparatus; increased closeness to reality together with capability of achieving distance from reality.

Although the patient was not disturbed by hallucinations, she could not achieve either of these two effects. She was the slave of reality, that is to say, she was overwhelmed by it; or she was dictator, that is to say, she overruled it. The model of colliding energies admits two extremes: one in which the excitation from within becomes so great that it takes full possession of the perceptive system and excludes excitation from without, with reality overruled; or the reverse, when excitation from without does not encounter any opposing flow of energy from within and can therefore penetrate into the psychic apparatus unhindered, with the result that the patient must feel like a slave in the relationship to reality. A firm ego structure prevents the occurrence of both extremes. Dream and hypnosis are the remnants of these two extremes²⁹ in the normal.

VII

Primal repression is one of the most consequential occurrences inasmuch as all subsequent repression—repression proper, as Freud (1915a, p. 85) called it—is based upon it. Unfortunately little is known about

²⁹ The model of colliding energies is admittedly too crude to permit visualization of these processes in the stability of their actual occurrence.

this all important process. In *The Interpretation of Dreams*, Freud (1900, p. 556) calls the *sine qua non* of repression "the presence of a store of infantile memories, which has from the first been held back from the Pcs." In present-day terminology, I suppose, we would say that at the time when the ego develops, the psychic apparatus already harbors traces of events which are inaccessible to the ego although these traces concern the individual's life history. Another time Freud (1915a, p. 86) calls primal repression "a first phase of repression, which consists in a denial of entry into consciousness to the mental (ideational) presentation of the instinct." The difficulty in understanding the working of primal repression comes from the fact of its taking place prior to the foundation of an ego. I believe, however, that the aforementioned model of the perceptive apparatus, with its irritability from without and from within, may facilitate the understanding of primal repression. The instance may occur when the onrush of stimuli originating from the interior of the psychic apparatus becomes too strong for the perceptive apparatus, particularly when the motor apparatus, biologically so much better endowed for discharge than the perceptive apparatus, does not suffice as a channel of discharge. Then the perceptive apparatus is in danger of being damaged by a flow of excitations which would be too large in quantity and therefore beyond its maximum capacity of ridding itself from inflowing stimuli.³⁰ Under such economic conditions the stimulation from without may actually put less strain upon the perceptive apparatus than that from within, that is to say, stimulation from without becomes more pleasurable than that from within. Consequently the perceptive apparatus would turn with its entire capacity toward the external stimuli, thus turning away from internal stimulation. The excitation which is thus prevented from discharge dams up and causes a permanent change within the psychic apparatus. This may be another pattern which leads to the transformation of energy into structure. This model of primal repression does not require the assumption of a discrimination between within and without, a capacity which always presupposes the existence of an ego. It remains entirely within the realm of biology, more specifically, it relies exclusively on the mobility of psychic energy.³¹ It further presupposes a

³⁰ Cf. Freud (1926, p. 26): "It is highly probable that the precipitating causes of primal repression are quantitative factors such as an excessive degree of excitation and the breaking through of the protective barrier against stimuli."

³¹ See Glover (1917) who operates with three basic concepts: instinctual energy, memory trace, and mobility of quantities of instinctual energy. However, I wonder whether memory trace does not presuppose structure. The question here is whether it is not incumbent upon a psychoanalytic metapsychology to evolve all psychoanalytic conceptions out of the vicissitudes of energy.

moderate degree of independence of the perceptive apparatus still under the domination of the id and therefore exclusively liable to the pleasure principle. Since the perceptive apparatus has not yet become integrated into an ego, this relative independence is not improbable and can be well justified biologically. Thus, primal repression would initially consist simply of the perceptive apparatus turning away from interior stimulation and its turning instead toward stimulation from without. Because of the relative independence of the perceptive apparatus at that level of development, the stimulation from within can be detained from perception without the mobilization of countercahexis.³² All subsequent repression requires countercahexis which, as is well known, is expended by the ego.

Primal repression, thus, is not a defense mechanism in the strict meaning of the word. As Glover (1947, p. 493) has shown, primary identification is not a defense mechanism, either. If I understood a remark of Lewin³³ correctly, he seems to suggest that sleep accomplishes the effect of primal repression. However, I would surmise that if sleep should have the function of primal repression in an infant, this would mean an early and serious disturbance. Falling asleep should be the gratification of an instinctual desire. If Freud's construction is correct, then the actual process of primal repression cannot be observed from without. It would consist merely in a full turning toward an external stimulus (which is of course, not yet experienced by the infant as coming from without). This 'turning toward' would necessarily result in a stoppage of internal excitations reaching the surface of the psychic apparatus or, more precisely, reaching the perceptive apparatus.

When Freud (1926, pp. 84-85) suggests "the possibility that repression is a process which has a special relation to the genital organization of the libido and that the ego resorts to other methods of defence when it has to secure itself against the libido on other levels of organization," I surmise that he may also have meant primal repression as one of these 'other methods of defence' since repressions seem to occur prior to the establishment of a genital organization. Clinical investigation shows that there are two groups of disturbances in which what appears to be repression does not achieve the effect which it has in normal development. I refer to the group of delinquencies (psychopathies) and schizophrenias. In both groups the psychic apparatus does not show 'the sharp cleavage

³² However, in another metapsychological paper Freud (1915b, p. 114) states: "The anticathexis is the sole mechanism of primal repression."

³³ See Lewin (1952, p. 321): "The dream is a return from repression, and the earliest defense may well be not denial, as some have suggested, but the forerunner of denial, namely going to sleep. For sleep and repression bring *tabulae rasae* to the mind."

into an ego and an id' which Freud (1926, p. 157) considered as another prerequisite of the use of repression as a defense. But repressions do occur in both syndromes, and I conclude, therefore, that the unreliability of repression may be due in both instances to the fact that these patients do not accomplish a true repression but have to rely mainly on primal repression. It seems that in both groups the patients do not have sufficient counter-cathexis at their disposal to form a reliable repression which would protect them sufficiently against the inroad of their drives. In the event that this view should be correct, it must not be expected that we can observe in the adult schizophrenic or delinquent the identical process hypothesized for the initial stages of the development of the psychic apparatus. The adult schizophrenic and delinquent have evolved ego structure, but one of its weaknesses may be the inability to activate true repressions. Primal repression before and after ego formation may manifest itself differently, but still be the same process. In delinquents I believe I have observed that the threat of unbearable instinctual impulses—mistakenly considered dangerous by them—leads to a cathexis of external objects, that is to say, to a turning toward stimulation from without, in the manner which has been suggested above with regard to the early model of primal repression. A great deal of that interest in the external world which is observed in delinquents, a great deal of their craving for stimulation from without, may be the direct clinical manifestation of primal repression.

I received the impression from my patient that she still relied mainly on primal repression. At least I would not know how else to explain observations of the following kind: she claimed it was very painful to look at me. She felt then the pangs of her unbearable love for me. However, she claimed, everything was again all right when she lay on the couch and did not need to see me. She actually had perfected her technique of not looking at me—without my noticing it—to an astounding degree. After years of treatment, when face-to-face interviews had long been replaced by the supine position, she glanced at me for the first time, and then exclaimed with surprise: 'My God, how grey your hair has become and how much weight you have put on since I looked at you last.' Apparently when the perceptive system was stimulated simultaneously from within by an instinctual demand and from without by its corresponding object, she could not escape reacting to the drive. However, when instinctual demand and perceptive content were disparate, she could quite easily escape the conscious experience of the instinctual demand. This was accomplished by simply looking at objects which were not connected with the instinctual demand present at this moment. But this did not lead to

repression in the usual meaning of the term, since as soon as she looked at me the instinctual desire was present again. I think that this behavior fulfills all but one of the specifications which Freud set up for primal repression: primal repression occurring during the initial (infantile) phases of development results in a permanent loss to the ego, that is to say, that which has been kept from the perceptive apparatus by dint of primal repression cannot be recovered later.

Primal repression in the adult, however, does not lead to this state since at this time an ego—though defectively functioning—is present. The success of primal repression in the adult depends on his perception. With a change in the perceptive world the whole result of primary repression may be blown away instantly. This may help to explain the great dependency of some schizophrenics upon the perceptions to which they are exposed, a dependency which can also be observed in delinquents. I am indebted to Anna Freud for an observation which seems to confirm my hypothesis. Anna Freud had a dog who was not permitted to snap at the tidbits offered him. The animal learned to live up to the standard imposed by his mistress by keeping his eyes upon other objects while moving slowly toward the food. The repression of the impulse to throw himself upon the food apparently was possible only by avoiding the direct perception of the cherished object. Here a similar relationship between perception, id impulse, and ego behavior, can be observed as earlier described in the patient's attempt to manipulate her instinctual desires for the analyst.

VIII

Another aspect of schizophrenic ego modification concerns the quality of energy with which the ego must accomplish its tasks (Hartmann, 1950b, p. 86). From Freud's metapsychological papers it is known that ideas, fantasies, external reality—briefly, any content of the mind—can be cathected with varying intensities of energy, whether this be neutralized, libidinal or aggressive energy. But Freud also showed that systems *per se* must be cathected in order to function at all.³⁴ This cathexis of systems or whole structures may be compared with the tonus of resting muscles. The tonus of the resting muscle is a precondition of its adequate working upon stimulation. A muscle deprived of tonus in the state of quiescence does not respond to stimuli.

In general the systems are cathected with neutralized energy and thus their smooth functioning is guaranteed. One receives the impression that

³⁴ I will call the cathexis of systems or structures systemic cathexis to differentiate it from the cathexis of contents.

in schizophrenia the systemic cathexis of the ego per se is not neutralized, but still has preserved its libidinal or destructive quality. It must be particularly emphasized that it is not only a question of the narcissistic cathexis of the ego but also a question of the pregenital area from which this systemic cathexis stems. This difference in cathexis may explain a score of clinical manifestations and may facilitate the understanding of differences between borderline disorders and psychoses. When a neurotic person wards off an unconscious masochistic wish, he has at his disposal an ego which, by and large, is intact in so far as the bulk of the ego can work with neutralized energy, only a part of it having to submit to the neurotically disfigured, original masochistic desire which unfolds now in the shape of a symptom, that is to say, the importance of masochism in such an instance lies in its being a condition which is put upon the ego. The schizophrenic counterpart would be an ego whose systemic cathexis is masochistic. One gains the clinical impression that such a patient is the perfect picture of a masochist although the direct masochistic instinctual demand does not seem to be too important. Yet perception thinking working—the activation of any function or living per se—become then extremely painful. I believe it would be wrong to think that the ego of such a patient is overwhelmed by a masochistic instinctual desire. In patients in whom this happens—they form part of the so called borderline cases—one sees a different clinical picture, though reminiscent of schizophrenia. It is yet definitely different from the psychotic group. In the schizophrenic masochism concerns the energetic fabric of the ego which has not become neutralized. It should be possible to describe various clinical syndromes of schizophrenia—as has been suggested by others—depending on the pregenital source from which the ego's systemic cathexis stems, syndromes concomitant with present classifications of neuroses according to the libidinal level of fixation in the id.

This metapsychological deliberation helps us also to understand the relationship of the ego to the emotions described earlier in this paper. If the ego's systemic cathexis is not delibidinized then libidinal processes which take place in the ego cannot be distinguished from the ego itself but must fuse with it.³⁵ Emotions are processes working with nonneutral

³⁵ The same is true of the energy of the aggressive drives. It is conceivable that in schizophrenia the deficit of neutralization may selectively pertain either to libidinal or aggressive energy. If the theory of psychoanalysis were advanced to a point where the genetic pathways of libidinal and aggressive energies could reliably be distinguished an important step could probably be made in the classification of subgroups of the schizophrenias. The advance in the therapeutic technique which would then be possible is evident. For the discussion of neutralization of aggressive energy see Hartmann, Kris, Loewenstein (1949 p. 9).

ized and unsublimated energies, and an emotion, therefore, must become indistinguishable from the ego per se unless its systemic cathexis has lost its instinctual quality. Thus my patient's complaints were correct descriptions of energetic²⁶ processes and their relationship within their ego.²⁷

IX

Earlier I took the amblyopic eye as a paradigm to demonstrate how the evolution of ego functions depends on stimulation from without, a principle which—as far as I can see—holds true for all ego functions except one namely, the ego's formation of the experience of its own identity. This the ego probably must generate mainly out of its own resourcefulness, and it can be helped from the outside only secondarily.²⁸ In the analysis of neuroses and perversions one does not learn too much about the origin and development of this function although in some instances it becomes explicit. Lewin (1952, p. 313) recently mentioned that in some phobias as well as in daydreams the subject fears he will perish as an individual, absorbed by the larger unit. Yet one gets the impression that in such instances the patient's fears concern him as an object and not as a subject (Federn, 1929). Furthermore, in the neurotic such fears pertain to the patient as a person, whereas the corresponding fears of the schizophrenic patient concern the dissolution of the ego. At times the patient I am reporting here refused to look at a certain person because—as she said—her soul would leave her through the eyes and go into the person at whom she looked. The underlying process apparently was the following: the action of intensive looking would have absorbed the whole energy at the disposal of the patient's ego. Furthermore, since this act of looking was directed toward an absorbing object, the energy would flow by dint of attentive looking into the object.²⁹ We encounter here a situation similar to the one previously described regarding the patient's emotions. The complete energetic depletion of the patient's ego resulted in the feeling that her ego would leave her.

The vanishing or reduction of one's own ego without resulting unconsciousness is a process which occurs also in normal life during and after orgasm or in some states of ecstasy when the subject feels completely

²⁶ The emotion in such an ego may be compared to ink absorbed by blotting paper: the spot having no sharp contour.

²⁷ Freud (1911, I, 465) postulates that part of Schreber's delusions were a concrete representation of external projection of libidinal cathexes.

²⁸ See for problems of the experience of identity: Anna Freud (1951, 1952b).

²⁹ In a metapsychological description one would have of course to say into the object representation.

absorbed by a superior power. In the one instance the ego is offered a tremendous pleasure premium for giving itself up, in the other fusion with a benign, loving, omnipotent being compensates the ego for its own loss (Deutsch, 1927). Thus, in both instances the ego receives a huge reward for its seeming humility in giving up its existence. But for my patient, pleasure was an internal danger and her ambivalence was too great for her to acknowledge the existence of trustworthy, kind objects. However, I believe that these factors do not alone suffice to explain the patient's constant struggle for the maintenance of her identity. I think one may assume that in the normal person the ego develops a set of mechanisms which automatically provide for and maintain the ego's identity or the feeling of identity, respectively. Another alternative would be to assume that the feeling of identity is the side effect of mechanisms well known to us, such as identification, or the effect of a well integrated superego. Although my clinical observations are not precise enough to decide stringently upon any of these alternatives, I would favor the first one, assuming the existence of special mechanisms, which perhaps could be called maintenance mechanisms in contrast to defense mechanisms since their function would be to maintain the ego as a going concern rather than to protect it against unwelcome intruders.⁴⁰

The existence of one such mechanism—namely, rationalization—is well known in psychoanalytic literature. This mechanism has been regarded—in my opinion erroneously—a defense mechanism by some analysts (French, 1938). To be sure, rationalization helps the ego in maintaining a repression—that is to say, it also has a defensive aspect. But its proper function is to maintain the ego's cohesion, to synthesize and make ego syntonic what without it would become a foreign body or constitute a gap in the ego's coherence. Rationalization, indeed, is a mechanism which transgresses the scope of defense. The question I am raising is whether there are other mechanisms silently and unobservably at work in the normal person, primarily concerned with the task of guaranteeing the ego's maintenance. The assumption of such mechanisms would not deny the contribution of identification and superego to the formation of a deeply rooted sense of identity. It is surprising to see how frequently schizophrenic patients—this was also true of mine—have had to grow up with a parent who was bizarre and pathologically compulsive. Even if it

⁴⁰ I am well aware of the possible pitfalls of my theoretical suggestion. Undoubtedly the analyst also may become the victim of fashionable modes of thinking. At present the concept of mechanism is in the center of attention and the temptation to discover new mechanisms or simply to postulate some when encountering a clinical problem not yet satisfactorily explained is great.

should turn out that the majority of schizophrenics had to identify with parents of whom one or both were deeply disturbed (inasmuch as they themselves manifested signs of an ego divided against itself), I would not consider this finding a stringent proof that the disturbance is primarily caused by extraneous factors. Present modes of thinking in analysis would favor such solutions, but great as the reality factor is in the evolvment of the ego, here is an area where an autonomous accomplishment is expected from the ego, and only secondary assistance can be offered from without.⁴¹

How the ego achieves the sense of its own identity is still unknown. In some analyses and in some biographies material is obtained referring to experiences which must be characterized as the discovery of one's own ego. The last example of that sort I came across is in Bruno Walter's enchanting autobiography:

the subject's identity. The contribution of erotic factors, however, is not under discussion here.⁴²

The relative scarcity of such reports may be caused by several factors. It is possible that in most instances the discovery of one's own ego is made imperceptibly. The individual may gradually become aware of the fact that he has an ego, but how long he has known this and how he accomplished this discovery is unknown to him and possibly it may not have been attached to an explicit experience.⁴³ Also, I surmise the discovery of the ego may occur in the context of an experience in which it is not directly visible. Again I want to draw from literary records in order to give an example which I suspect contains indirectly a description of ego discovery. The first book of Goethe's autobiography *Dichtung und Wahrheit* ends with the description of a religious experience noteworthy in view of the age of the boy (who probably had not yet reached prepuberty at that time and possibly was still in the early latency period). Goethe writes of the effect which the various Protestant sects had on him as a child. Ministers and laymen raised arguments and counterarguments and in the boy's heart the wish arose to get in direct contact with the Lord.

Yet the way thereto was very strange. The boy could not give a definitive form to the Supreme Being, but he wanted to erect an altar in the manner of the Old Testament. The world was to be symbolized by natural products. Over these should burn a flame meaning man's soul yearning for his creator. He took his father's quadrangular music stand of a pyramidal shape, beautifully ornamented, and heaped the prettiest specimens of his natural history collection upon it. With the first rays of sunlight reaching his room he burned fumigating candles carefully attached to the stand in a porcelain saucer. Thus he was successful in his first worship of God. Yet when he wanted to repeat the ceremony some time later he had no time to get the porcelain saucer, and the candles burned themselves into the beautiful lacquer, and just as if an evil spirit had disappeared they had left back their ineffaceable footprints. Almost one would like to regard this incident as an intimation and warning how dangerous it is altogether to want to approach God upon such pathways. Whether this recollection of the aging poet is a screen memory for one of the discoveries of the ego cannot be proved. Some elements may suggest it: the solitude, the impossibility of repetition, the striving for a unique and secret way of worshipping God. Perhaps it would be more appropri-

⁴² The few examples of explicit experiences of a discovery of an ego among my clinical material point also toward a certain stage in the erotic-sexual development. The factor of solitude always played a leading role.

⁴³ See later for a deeper reason of the scarcity of such reports.

ate to speculate that the invention of an individual and secret ritual was one of the first manifestations of an ego which recently had discovered itself. Leaving out again the libidinal factors, one may speculate that the paternal music stand symbolizes the act of borrowing strength from father; the damage to the stand may symbolize the replacement of a borrowed ego by his own; the full turning toward his own God, who was incomparable to anything he had been taught, may be the result of an immediate working over of his own recently discovered individuality, a moving away from the real father to the image of a self-created father.

Be this as it may, the way the ego discovers itself is one of the most consequential events in ego development. From that moment on the ego's tasks will not only be those of coping with its drives and with external reality but it will be incumbent upon the ego also to keep good order within its own confines. It will no longer be exposed solely to processes passing off more or less automatically, but will possess at least the potentiality—if not necessarily the real capacity—of intervening in events which otherwise would follow the energetic laws of automatic processes. The sense of identity will decide to what extent the ego can accomplish its tasks by its own resources or to what extent it will have to rely on borrowed strength by sham identification, imitation or reduction to the status of a parasite.

In the few instances of my clinical experience where the discovery of the ego was bound to a well-circumscribed experience capable of being recalled, it always concerned patients whose adult ego showed serious signs of injury. There seems to be in man a deep distaste for taking cognizance of the unconscious parts of his ego, greater perhaps than that regarding the repressed.⁴⁴ I also believe that this distaste is still reflected in our ignorance of the ego's origin. We are far better informed about the source of our drives and the origin of the superego. It was noticeable that the patients who were able to remember the origin of their egos spoke of this recollection as if it concerned something uncanny and fear-arousing.⁴⁵ It probably was no coincidence that both patients were essentially unanalyzable.⁴⁶ The uncanniness inherent in remembering the moment when one constituted himself as an individual consciously distinct from others and the world can perhaps be compared to the uncanniness we would

⁴⁴ Cf. Alexander (1927, p. 5). See Anna Freud (1936).

⁴⁵ In order to overcome the fear of the uncanny it was perhaps necessary in ancient Greece to make the request of "know thyself" the demand of a deity—I could imagine that in the future a person will be considered analyzed only when he has recovered the memory of the discovery of his own identity in the way we expect now that an analyzed person knows of the history of his oedipus complex.

⁴⁶ One of them, however, made a clinical improvement.

experience if we could remember the moment of our physical birth. Both events are apparently of a traumatic nature. In both instances a unit is discontinued, in one a being is extricated from a physical context, and in the other he is lifted out of a mental and emotional stream. Once a person has become aware of his identity, the unit ego-world is cleft. The argument may be raised that this discussion is misplaced since the material as well as the question presented concerns the child's personality and not his ego.⁴⁷ In these instances, my critics may say, the child disengages himself in his totality out of the comprehensive stream of the world and society. In arguing against this contention I could reply that subjects regularly refer to this experience by making the statement 'I discovered that I was I'. But this does not help too much since they may refer by the word 'I' to the whole person. Yet further inquiry usually shows that the experience refers to a distinct area within the person and means that there is something in him which is not only distinct from the rest of the world but also from the rest of himself.

The experience really consists of three parts

- (1) the perception of an area of one's inner life as distinct from the rest,
- (2) awareness of the experience of that perception,
- (3) awareness simultaneously of being the subject who experiences the perception of the inner life

This experience is essentially different from the perception of any other content.

The child may, prior to this moment, have obtained awareness of his conscience and certainly also of his drives. The discovery of identity is not just an integration of these partial discoveries into a new one pertaining now to the whole person, rather it seems that the observer disengages out of the total context of his person the one province (ego) which allows him to feel his own uniqueness. A further argument against the assignment of the experience to the whole person may be found in the fact that this experience is—regularly in my clinical experience—unrelated to the body. If it were really concerned with the whole person it would of necessity include the body.

In general, it is difficult to estimate when the sense of identity has been established. For reasons not far to seek one would speculate that the time when the child starts to speak of himself with first person pronoun

⁴⁷ For a discussion of personality (self) vs. ego see Hartmann (1950 pp. 84-85) and also Hartmann, Kris, Loewenstein (1946).

and no longer with his proper name indicates the existence of a sense of identity. However, I would object to the reliability of this index as strongly as I object to taking a person's vocabulary as a measure of his intelligence.

In the case of my patient the ego disturbance went back to early developmental stages, certainly prior to a time when the maintenance mechanisms supposed by me could have developed, therefore it is not surprising to find her ego unprotected by such mechanisms or a reliable sense of identity.⁴⁸ It is also known that, prior to the outbreak of the psychosis, such patients may succeed in functioning relatively well and without conspicuous clinical manifestations. Since they rely mainly on imitative techniques, their span of adjustment often seems to be broader than that of their contemporaries whose adjustment depends on the developmental level which their ego structure has attained.

Imitation, however, despite its immense contribution in terms of immediate assistance to the ego, is a most unreliable tool in terms of the total life history. As long as the superiority and correctness of those who are imitated is unquestioned, the ego saves energy by imitation. Yet when imitation can no longer be accepted as a reliable tool—for whatever reason—the ego is at a complete loss. The assistance which was obtained by unquestioned reliance upon others should now be obtained from one's own ego, but it is unobtainable from that source because of the feeling that there are present within its confines only emotions, thoughts, actions, etc., but not an ego. My patient was unable to repeat Descartes' sleight of hand when saying, *Cogito ergo sum*. She would have said *Sum, ergo cogito*, which would have been the psychologically more correct formulation but since she could not feel *sum*, she could not feel that *she* was thinking or feeling or loving, and only the feeling of deadness reflected—in her opinion—her true state.

X

Since this patient acted as if the maintenance of identity would be the most difficult task to accomplish, no activity of emotional importance could be automatically pursued by her. Whatever happened, the ego had to be meddlesome and had to intervene. For her to surrender to an activity without first checking upon her existence would have meant the certainty that this activity would run away with her, with nothing of her.

⁴⁸ Here of course an embarrassing situation is encountered. These mechanisms if they exist must work imperceptibly in the normal but they are absent in the patient struggling for a feeling of identity.

self left over. Since the patient's ego was threatened with decomposition or disintegration by emotional processes her fears concerned a realistic danger. Yet these fears must not be confused with the neurotic's fear of dying when facing the task of surrender. In the instance of my patient the fear concerned a correctly anticipated depleted state of an ego which due to lack of structurization was incapable of maintaining the feeling of identity when energy should be invested in object relations or activities. It may have become clear that the patient's disturbance in maintaining her feeling of identity was also connected with the ego's relationship to automatisms. Her relative inability to bear automatic processes was an expression of ego weakness. This necessitates a few remarks about automatisms (Hartmann, 1939 pp. 118-127).

Two different kinds of automatisms must be distinguished. One is enforced by the ego's weakness and the other is possible because of the ego's strength. Automatisms based on a strong ego cover the range from innumerable trivial ego-syntonic actions to intricate and complex intuitive accomplishments. The former are well integrated into the attainment of supraordinated and usually conscious aims. These automatisms assist the ego by the great saving of energy which they yield and often the level of the ego's achievements depends on the scope which can be covered by functioning automatically. Principally the ego could perform these actions also by purposeful and conscious pursuit but usually the quality of the performance would suffer under such conditions. The group of intuitive and complex achievements however cannot be performed by the ego's effort at all. The ego may contribute here or there a step by voluntary effort but by and large it must surrender to a supraordinated automatic process (Kris, 1949) if it wants to reach its goal.

Automatic processes due to the ego's weakness are the focus of psychopathology. The ego must suffer them despite their contrariness to the ego's goals and despite their harmfulness.

Emotions are automatic processes which keep a place in between the two groups. They are not subject to the ego's conscious volition; they either occur or do not occur. The ego may ward them off or function despite their presence but it cannot arrange for their occurrence with purposeful intent. They are indispensable to the ego; their absence over a longer period of time results in a serious threat to basic ego functions. But likewise they may bring the ego completely to naught when occurring at the wrong time with disproportionate intensity or with the wrong quality. Strangely enough in the rich emotional flow toward the world very many people feel their identity with unusual sharpness; they then feel themselves with particular intensity.

The patient acted as if automatisms were sources of threat to her identity. Ego-syntonic automatic processes serving a supraordinated aim

did not hold the proper place in her psychic inventory. When she should have surrendered to automatisms—trivial as they may have been, barely attracting the attention when occurring in the lives of normals—she recoiled from letting them take over as if they were foci of infection which, if left unchecked, would spread throughout the organism.

It was, however, easier for her, despite her complaints, to function in a state of deadness. She could work for hours with the feeling that *she* did not participate at all, that movements were forced upon her, that is to say, that she was an automaton or a robot. Thus she oscillated again between two extremes⁴⁹ either her ego had to participate fully in the activation of every function or the ego had to withdraw and refuse to participate at all. Then automatisms were no danger since the ego was protected by—albeit in a painful way—and enwrapped in the feeling of deadness. The task she apparently could not solve was how to be active and maintain the feeling of identity simultaneously. In the situation of an effortless bowel movement, however, she apparently could achieve a synthesis. She fulfilled a task by letting her body carry it out and was not endangered by a threat of losing her identity.⁵⁰

At this stage I was often reminded of an accidental observation I had made in one or two instances. When attending a patient who was in a state of deep unconsciousness caused by meningitis, I observed that his reaction to the urinary urge—prior to emptying the bladder—was a violent pulling at the penis. As far as such movements can be interpreted at all, it was my impression that the patient wanted to tear off the organ which yielded displeasure. If this interpretation should be correct, it would mean that on this level of functioning the potential value of organs as providers of pleasure is disregarded, the destruction of an organ causing displeasure due to an instinctual demand is preferable to satisfaction, if delayed. Possibly the destruction of the organ is preferred to the unavoidable effort which is involved in primitive gratifications.⁵¹ According to one's agreeing or disagreeing with Freud's theory of the death instinct, he will refer such behavior to the Nirvana principle (Freud, 1921) or see in it the manifestation of an archaic variation of the

⁴⁹ Cf. Mahler (1952). It is possible that the adult schizophrenic oscillates between two extremes which appear as separate entities in the psychopathology of childhood psychosis. Conceivably the adult schizophrenic tries during certain phases of the disease to find a synthesis between these two states which are too disparate to permit a synthesis.

⁵⁰ The blissful feeling during an effortless bowel movement is connected with many other factors which are not discussed here.

⁵¹ One is reminded here of the patient who would rather have no bowel movement at all than produce one with effort.

pleasure principle. Acts of self mutilation in schizophrenics are reminiscent of the pattern which the meningitis patient followed. At times my patient was quite desirous of being blind. This would have been the easiest way of avoiding all the trouble she had with looking at people.⁵² However, I think it would be wrong to say that this patient had fallen victim to the Nirvana principle since the mental processes of a schizophrenic patient—except perhaps when a final stage is reached—cannot be brought to one denominator alone. There was distinct evidence, for example, that with this patient the eyes had become carriers of processes which were far closer to the pleasure principle than in the normal—that is to say, seeing was highly libidimized, but it was also the carrier of crude aggression. The diffusion of energy, unavoidable in extensive regressions, and also the consequent increase in aggression may interfere with the free play of the pleasure principle. Moreover, one must not forget the biological endowment of organs for the discharge of instinctual energy. If the regression leads to hallucinations, the content of the latter may have a high value as a channel of discharge. If, however—as it happened in this patient—seeing *per se* should serve mainly as a route of discharge, the patient would expect from an organ gratifications which were beyond the limits imposed by the biological structure of that organ. In a voyeuristic perversion the act of seeing—pleasurable as it may be—serves either as an accessory device leading to genital discharge or uses the genital as an accessory device to complement the gratification derived from the act of looking. Since such channels were not accessible to the patient and the eyes became temporarily the exclusive organs of discharge the pleasure principle could not unfold its effect of diminishing tension. Thus the energetic processes may be viewed as the resultant of a conflict between the Nirvana principle and the pleasure principle. A detailed discussion of why neither of the principles is adequately operative in the schizophrenic would lead too far, it can only be said that the fear of the loss of identity and the consequent process of checking thus never permitting the full unfolding of functions, seem to stand in the service of the Nirvana principle.

XI

What can now be said about the technique if there is one who could cope with such formidable problems? I will try to limit myself to one phase only, the phase in which the basic pathology of the ego in its rela-

⁵² In accordance with her way of feeling she probably associated the state of blindness with the feeling of being invisible.

tionship to emotions came to the fore. The first question, of course, is how to reach such a basic ego disturbance by analysis. The disturbance is just as difficult to reach as the repressed id contents in the neurosis, perhaps even more difficult. Should we assume that this is due to resistances? This would certainly be partly true. But perhaps the schizophrenic has still other reasons for objecting so much more strongly to the analysis of ego functions than to the analysis of id contents.⁵³

In the phase which I am considering in this paper, the main struggle of the ego centers around the effort of the ego to maintain itself in a condition of functioning. In this phase the increase of stimulation per se becomes a danger and the ego is aware to a certain extent that it is working constantly with reserve power and is on the brink of depletion.⁵⁴ This energetic picture may help us to understand the similarity between dream and schizophrenia, so often observed. During sleep the ego concentrates itself, so to speak, upon itself. All cathexes are withdrawn from the ego's periphery and the ego tries to maintain a state of passivity and unexcitability. The ego wants to solve the unavoidable tasks which are imposed upon it during sleep with the barest minimum of energetic expenditure, not because there is so little energy at its disposal, but because it is dominated by the tendency to bind the maximum of energy in the process of sleep. In schizophrenia, however, the ego works with a minimum of energy due to dire necessity caused by want of energy, at least in the phase which is considered here. Then one can observe the variety of forms in which the ego tries to get by in defending itself against its own dissolution by too great a demand either from without or from within.

The schizophrenic in the phase of recovery, of course, objects to the analysis of the techniques which the ego applies in coping with external and internal reality, since they are the last resource which his ego has for keeping up its functions. Therefore, any pressure on the patient in that direction must be carefully weighed unless one wants to risk a renewed emergence of regressed states from which the patient has just started to extricate himself. Processes or mechanisms which favor the ego's functioning at the maximum available level, pathological or insufficient as they may be, must be evaluated in a different way than the defense mechanisms we encounter in the neurotic. The patient has a greater and better justified interest in their maintenance in the former case than in the

⁵³ The resistance against ego analysis is far greater in schizophrenics than in other patients. Anna Freud has described the resistance against the analysis of defense mechanisms in a clinical way. See Anna Freud (1936) particularly p. 14 and p. 22.

⁵⁴ Here is a particularly important link between schizophrenia and the traumatic neuroses.

latter. Also for this reason, the schizophrenic patient tries to protect the mechanisms from the analyst's prying. The task of therapy in this phase is made particularly difficult because two groups of phenomena must be considered.

In the phase after the acute psychosis one can observe on the one hand, the remnants of the acute psychosis which tend toward getting access again to the psychomotor and perceptive systems and, on the other hand, the other formations which—though still pathological—are destined to set up a more workable relationship with the outer world.⁵⁵ If the transference to the therapist is well balanced—that is to say if the motor and perceptive systems are kept free of acutely psychotic interference—the ego's tendency to settle for a sham solution in the shape of those techniques which are at its disposal becomes evident.

The object relations of the schizophrenic have usually been tenuous before the onset of the acute phase and the schizophrenic is quite ready to strike a bargain and to settle with reality upon the terms which were prevalent in the prepsychotic period. There seems to be no uniformity regarding the relationship of mechanisms which the patient used before the onset of the acute psychosis and after, and one encounters a variety of clinical courses. Among the postpsychotic maintenance mechanisms there may be some which were already used—though to a lesser extent—before the onset of the psychosis or the acute psychosis may have reduced the ego's resourcefulness to such an extent that seemingly new mechanisms or techniques make their appearance.⁵⁶

The distinction between what remains of the psychosis and what serves the maintenance of the ego's functioning is made particularly difficult because the patient is prone to complain bitterly about the latter and to accept the former. Yet these complaints cover up an astoundingly strong unwillingness to evolve less painful techniques. Although in certain situations the patient was capable of suppressing the feeling of deadness or of invisibility, she refused over long periods of time to make

⁵⁵ The two of course are not isolated but work one into the other. In clinical reality it is difficult to keep them apart.

⁵⁶ In my patient I had the impression that the level upon which she was coping with reality was not essentially higher before the psychosis than after. At least in crucial situations—as mentioned earlier—she had used similar techniques as in the postpsychotic phase. But before the psychosis these techniques were applied with a minimum of pain or displeasure whereas after the psychosis the predominant feeling became markedly displeasurable. This I believe was mainly due to a shift from activity to passivity. The ego could no longer experience itself as active despite the objective activity which she maintained at the time. At the root of her feelings of passivity lay her way of experiencing emotions: the ego's masochistic systemic cathexis and the constant threat to the feeling of identity.

use of this faculty and to observe, even momentarily, what would happen if these feelings were not activated. As I said before, there was wisdom in this unwillingness since this feeling contributed so much to the patient's social conduct. Furthermore, I had the impression that the patient would have been quite ready to integrate this technique had it not been for the interference by the psychoanalytic process.

In this treatment phase the whole psychopathology of the schizophrenic may become camouflaged if the analyst grants the schizophrenic too much of wish fulfillment. The therapy of schizophrenics cannot be conducted on that level of frustration which is customarily applied in the treatment of neuroses, and there is a doubt in my mind whether the schizophrenic can ever tolerate such high degrees of frustration. For a long time after the acute phase the treatment still depends on wish fulfillment. If a therapist goes too far in that phase and favors the patient in the illusion that in the transference situation those wishes are fulfilled the frustration of which brought on the outbreak of the psychosis, he may achieve great clinical successes. Many a schizophrenic personality is quite prone to accept a world which grants in some measure the illusion of fulfilled oedipal or preoedipal wishes. But if a technique is instituted which permits recovery through such sham solutions, then the schizophrenic can never be brought face to face with the basic deficits in his personality structure. The schizophrenic no doubt tries to seduce the analyst into granting him such solutions, and it is one of the greatest demands put upon therapeutic skill to keep the treatment at the level of the minimum wish fulfillment without which the schizophrenic cannot thrive at all. It is to a certain extent the same problem which one encounters in the raising of children when the child's capacity to bear frustration must be utilized at its maximum. The consequences of transgressions in both directions—by either giving too little or too much—are evident in the therapeutic as well as in the child rearing situation.

Thus transference and wish fulfillment tie the patient to the analytic treatment, but the frustration inherent in the therapeutic situation prevents him from integrating the sham solutions he would be ready to accept.

Again the technique must be a twofold one. The schizophrenic can maintain contact with reality only by dint of those mechanisms and processes which are at his command, and he must be encouraged to utilize them for all they are able to yield; but simultaneously he must be prevented from putting full reliance upon them or else he will settle down on the prepsychotic or an otherwise inadequate level which is insufficient for coping with the demands the patient may have to face.

An example may be given in simplest terms. If a schizophrenic is able to do work when feeling like an automaton this solution should be favored; however if the automatistic feelings were fully accepted and integrated by the ego this defect could never be analytically approached. The transference relationship however can be utilized for the purpose of keeping alive the displeasure which is attached to what I called sham solutions.

How can transference prevent the patient from accepting the insufficient techniques he wants to employ in dealing with his drives, emotions and external reality? It is the contrast between the way the patient feels in the transference relationship and the way he feels outside of it in social reality which keeps the therapeutic process going. In the transference relationship the closeness of the object is too great to permit his remaining on the level of an automaton. If the wish fulfillment derived from the transference situation is not too great—that is to say if the schizophrenic cannot take the attitude "I am loved by my analyst, my ambitions are fulfilled, what do I care how I am feeling outside of analysis in everyday reality, what does anything count that does not concern my relationship with the analyst?" and if the frustration in the analytic situation is not so great that the schizophrenic feels totally rejected—that is to say he does not feel "Wherever I am I am rejected, disliked or hated"—then the discrepancy between the relative well being in analysis and the relative discomfort outside of analysis can be used by the analyst to activate over and over again the patient's interest in what is going on within the confines of his ego.

XII

Although in this phase nonverbal tools of treatment have become rare it is questionable whether the principal verbal communications which occur in this phase between analyst and patient should be called interpretations. The bulk of information which the patient receives during this time concerns processes which go on in the patient's ego. It is not interpretation in the narrower sense of the word but description which prevails. One may say that analyst and patient do metapsychology. The patient's basic symptoms in this phase are more or less direct self reflections of processes within the ego. The patient must recognize these processes as being by no means solitary mishaps but must see that they follow principles which are generally valid for his ego. Therefore these processes must be brought to the patient's attention in general terms. Yet the language must never become technical language and the terms correspond

ing to psychoanalytic terminology must be derived from the patient's most personal vocabulary. The sharing by the analyst and the patient of the ego's metapsychology would lead in the analysis of the neurotic to intellectualization since there the basic framework of the ego is in good working condition, yet in the schizophrenic one touches the very nerve center of the disorder by constantly bringing the metapsychological description of the focal ego processes before the patient's mind. The patient unendingly faces the full description of those processes which occur within the area of the basic ego defect.

Does this mean that the analysis of the repressed part of the personality—what is usually called the analysis of the id—is discarded in the analysis of the schizophrenic? By no means. It is only postponed. First one must succeed in making the ego of the schizophrenic form new structure. I have mentioned earlier that the patient's greatest handicap consisted of a lack of structurization. The schizophrenic can be treated only if he has preserved the capacity to form structure. What can be meant by such a formulation? The flow of excitations must be replaced by the formation of mechanisms and functions. We are concerned with a process which is similar to that described by Freud as the transformation of the primary process into the secondary. There unbound energy is transformed into bound, hypercathexis becomes possible, and thinking then proceeds by the displacement of the smallest energetic quantities. In most general terms one could say regarding the treatment of the schizophrenic patient energy must be transformed into structure.

The stimulation of such transformations is one of the most important therapeutic aspects in dealing with schizophrenia. If the patient develops structure, the actual clinical syndrome must approximate more and more that of neurosis, and then the id analysis may set in more or less to the extent with which we are familiar in the analysis of the neuroses. Whether the schizophrenic's ego ever recovers and grows to such an extent that one can rely upon it as firmly as in instances of neuroses is still a moot question.²⁷ A word of qualification must be added. The id analysis is never discarded completely through any phase of treatment. It is only reduced to a minimum at times. This minimum is indicated by the actual interference of the id with the therapeutic process. Freud's advice to interpret transference when it becomes resistance can be applied here *mutatis mutandis*. Since the ego is defective, a calling of attention to what it is facing in terms of instinctual demands is of no great benefit. The ego

²⁷ One faces here issues similar to those Aichhorn demonstrated in the analysis of delinquents. There also the delinquent must become a neurotic first, and the analysis of the id is postponed until then.

would have to react in turn as pathologically to those id demands as it did before. Therefore an id interpretation must be made exclusively when it concerns an actual demand which would become unbearable if not verbalized. Since the analyst becomes the principal love object the actual id demand usually issues from the transference.

Yet, the requirement that the schizophrenic face the structure of his ego must be joined with a discussion of other alternatives of functioning. One cannot rely on the schizophrenic's insight into pathology, he may well take the structure of his ego for granted, but the discussion of how other people act and react and, particularly, what other possibilities there are within the realm of the patient's own ego again set stimuli for the formation of new structure. However, the danger must be kept in mind that the patient may now be obeying the analyst's suggestions in an automatistic fashion. A learning process must not be confused with the formation of structure. If a patient finds out by experience that a certain action will not be followed by dreaded consequences or if he finds that he must desist from certain actions because of the consequences by which they will certainly be followed, he may—a favorable transference situation being present—act in accordance with these experiences. Yet this clinical success would not fulfill the standard required above. The motives of such a patient would still be the same, the sources of anxiety and of impulsive action not changed in the least, and the structure of the ego untouched. Nonetheless, in some schizophrenic patients—I am thinking here of the hebephrenic type—one cannot achieve this standard, and the clinical recovery may be based almost entirely upon learning without the formation of new structure⁵⁸. However, learning may be the first stepping stone toward the formation of structure.

XIII

Another technical tool may fulfill an important function. It concerns a technique which is often used in the treatment of phobias. As is well known, it may become necessary to demand that the phobic patient expose himself to the dreaded situation despite his internal revulsion. It may become necessary to put a comparable demand upon the schizophrenic patient. I would like to give an example. As mentioned earlier my patient claimed she could never bear the feeling of love in the pres-

⁵⁸ In the hebephrenic it seems to me the involvement of a true emotion becomes identical with death and the feeling of activity identical with destruction (usually of the father). Here are barriers encountered which I was never able to surmount. But as in wartime the *bona fide* merchandise of peacetime is made out of substitute materials the hebephrenic ego can often be coached to use sham techniques in a satisfactory way.

ence of the object of her love. In the course of the treatment I strongly urged her to suppress the feeling of deadness in that person's presence and to watch whether her forebodings would come true. After long hesitation and repeated refusals the patient followed my suggestion and reported with great joy: 'I discovered feelings of friendship without leading to romance. What she meant was that she had not known that it was possible to establish a friendly relationship with a man whom one loves without the involvement of sex. She actually discovered here a gamut of feelings which had been missing from her psychic inventory. I doubt that this patient would have made this discovery if I had not requested her to desist from the feeling of deadness. As in the case of phobia, the interpretation of why she was afraid of the situation would not have sufficed in making her expose herself to a situation envisaged as extremely dangerous. One cannot rely solely on the effect of interpretations and hope that the patient will obtain by his own volition the reality experiences which are necessary for the enlargement of the ego. The feelings of panic are often far too strong to permit the patient to be courageous enough to go ahead.'²

There is undoubtedly a beneficial effect on the therapeutic situation when a schizophrenic patient succeeds in doing something which he has been convinced would transgress his resources. The example I have mentioned of course, concerns a situation which gave the patient some internal independence of action within an area of prior constraint. But it must not be overlooked that this success was introduced into a well defined and quite limited area and that it was immediately followed by analytic working through. If someone urged a schizophrenic to be 'more successful' he might succeed, and a positive transference might, under such conditions, make of the patient a successful busybody, but no ego analysis could be performed in this way.

The principle I attempt to describe here can be formulated in the following words: in order to analyze a symptom one must urge the patient to investigate what his world would look like without the respective symptom. To find this out he must discard the symptom in crucial situations if only for a short time. The principle sounds paradoxical because it is not evident why a schizophrenic should maintain a symptom at all if he can suppress it. Yet it is surprising how many symptoms a schizo-

phrenic can voluntarily suppress in the transference situation for a short while if they are properly selected. The analyst must choose those which are ripe to fall but which are still adhered to because of anxiety. This is the link to phobia. The experiences which occur when the symptom is suppressed are important sources of insight and initiate therapeutic processes.

I would call the moment when a schizophrenic patient is told that he must expose himself voluntarily to anxiety-arousing situations a decisive step initiating a new treatment phase. When the patient begins to expose himself to dreaded situations which he fears may overtax the strength and ability of an ego weakened by structural defects, immeasurable new therapeutic possibilities are opened up. First of all the patient now has the opportunity to check the correctness of his fearful assumptions about the world. And second, the subsequent analysis with the full uncovering of the impaired ego function might stimulate the belated formation of structure. Until then the relative improvement in the patient's condition has depended mainly on the automatic regulation of energetic processes in the transference relationship. This improvement is favored by the patient's belief in something like the analyst's omnipotence. When the patient is told that the further progress of the treatment will depend on his capacity and willingness to undertake certain steps, the patient's belief in the analyst's omnipotence is refuted by implication. In order to avoid a repetition of automatic obedience, the patient must be assured that he is permitted to continue treatment even if he should decide to adhere to his symptoms and not carry out the analyst's suggestions; however, in this case, the treatment would be expected to achieve little, and the lack of progress must not be resented by the patient. This shift from the belief in the analyst's omnipotence to the necessity of generating internal activity is decisive. One may encounter initially a brief flare-up of acute symptoms which, however, can be combated. Now the patient is compelled for internal reasons to activate functions, and he is prevented from using his inappropriate techniques designed to avoid anxiety or any other unpleasant emotion. I believe that in this situation—when the patient is so to speak cornered and is forced to bear anxiety—an important stimulus is set for the conversion of freely flowing energy into structure. Speaking figuratively, I would say that all escape routes of unbound energy have been blocked and thus the formation of structure indirectly enforced. One of the additional decisive points—to a certain extent comparable with the treatment of neuroses—is the strength of the transference. If the idea of losing the analyst is more painful than the pain actually experienced in the process of discarding one symptom after

another, then the treatment has a good chance. I may be permitted to repeat what I said previously, that a discontinuance of treatment should never be put to the patient as an alternative since this would force concealment on him. In my experience it is sufficient to tell the patient that from now on his active co-operation outside of the treatment situation will be an indispensable prerequisite⁶⁰

XIV

Furthermore, the whole process of recovery depends also on the restitution into their rightful places of the perceptive systems and of the pleasure principle. I want to add a few words to a discussion of the latter. It concerns a question which is automatically taken care of in most cases of neuroses. In terms of a simplified terminology, when libido is freed from its neurotic utilization, it automatically finds a more appropriate discharge since the neurotic conflict takes place chiefly within the pleasure and reality principles which are at variance with each other. In the schizophrenic psychosis, however, the working of the pleasure principle has been damaged in a way which is reminiscent of Freud's (1920) description of the traumatic neuroses. The effect of the pleasure and Nirvana principles being at variance is the relative inability of the schizophrenic patient to obtain adequate gratifications. Therefore (and this occurs not only because of the increased instinctual demands and feelings of guilt) the patient is in a constant and painful state of frustration. In my patient the capacity to obtain pleasure in an automatic way was destroyed. Pleasure was obtainable, if at all, only when the ego could totally concentrate on it. The smallest diversion of attention transformed pleasure into displeasure. The prerequisites needed by the patient for the experience of pleasure are reminiscent of those needed by the normal adult for orgasm. Whereas emotions, if not destroyed by the feeling of deadness, automatically took full possession of her ego, pleasure could be experienced only if the ego in its totality turned toward it. I suppose that the ego needed extreme protective measures in order not to be overrun by excitations—thus showing a disturbance similar to that noticed earlier in conjunction with automatisms—but it is also necessary to assume that the organs providing pleasure needed the ego's full assistance because of the damage they had suffered. I have given before an example of how seeing became a painful function for the patient. It must be brought to the patient's

attention how he distorts and abuses functions, how he expects pleasurable discharges where they are unobtainable and allows appropriate channels for the purpose of gaining pleasure to go unused

XV

I mentioned before a clinical situation in which the patient discovered a new set of feelings unknown to her up to then. It may be rightly asked what are the feelings a schizophrenic cannot experience due to the structural defects of his ego? There was one feeling conspicuously absent in my patient, the feeling of hope. If some of the points which were mentioned regarding her emotionality are considered it will become evident that this was necessarily so.

The feeling of hope expresses a subject's relationship to the future when it is anticipated that a desirable state or event probably, or possibly, will occur. However, my patient when looking optimistically into the future, felt that the desired event would *surely* happen, and she was not capable of feeling that despite her expectations and desires the event could possibly not occur. The factor of suspense of possibility but not absolutely necessary occurrence, was not accessible to her since my feeling had to unfold itself to its completeness and she therefore was forced to await the future as certainty, in accordance with the direction of the stream of emotions present in each time moment. The analysis of the nonschizophrenic, on the other hand implicitly takes place within the framework of hope, that is to say, the future is represented as possibly providing favorable solutions. Hope has rightly been heralded as an emotion which is particularly significant of the human species. Hope is a sign that a certain state of harmony has been achieved between the three provinces of the personality. The ego projects itself into the future and offers the anticipated pleasure as a substitute for present lack. The superego is captivated by the ego's willingness to bear delay. This description has nothing to do with the pathology which may lie hidden behind an attitude of hope, but only describes what the energetic distribution may be between parts of the personality when this emotion is present. Yet the emotion of hope is possible at all, because the future is to man a field of potential actions and occurrences. Only in extreme situations does man have the feeling that the chips have fallen for good and then the field of potential action and occurrences becomes a field of vicious certainty.⁶¹

⁶¹ Sigmund (1928) showed that a multiplicity of symptoms which are encountered in melancholia is the necessary sequelae to the changes which the experience of the future undergoes in the melancholic patient. There is no future represented in him and therefore no action can occur.

The patient's capacity to project herself into the future was preserved, and she was at times extensively preoccupied with the future. But due to the complete unfolding of emotions and their filling out of the total area of the ego, the future was anticipated by her as certain in accordance with the prevailing feeling. In matters which were of no importance to her, the categories of *perhaps*, *probable* and *possible* could easily be activated by her, yet as soon as they should have been applied to contents of even minor emotional intensity, they disappeared from her psychic inventory.⁶²

Almost every human emotion is also directed toward the future, anticipates the future and gives, so to speak, direction to the psychic future. Since the patient's ego could not limit the extent of the emotional experience, the future had to appear as a field of certainties whenever emotions were activated, at least during this phase of her disease. The consequences of this were far reaching. In the nonschizophrenic emotions are the stimulants of action, and the nonschizophrenic ego feels itself at its peak of activity when it performs an action which is embedded in a flow of corresponding emotions. Since the patient experienced the future as implicitly certain, the feeling of activity could not emerge. Thus it happened that she achieved results of great social value, but did not achieve a feeling of activity, since the ego, though objectively highly active, approached its goal in the spirit of absolute certainty.⁶³

In turn, when she was afraid of something, the patient was certain that the dreaded event was unavoidable, which made checking and experimenting with reality impossible. I could observe the gamut of reactions when she faced the necessity of taking her Master's degree. First she claimed that studying would destroy her brain. She was in terror and forced herself to attend courses only because she feared a more painful reality situation if she did not go to college.⁶⁴ During the first few days,

when it became clear that her bad forebodings would not come true, she was surprised and enchanted, and felt active. As soon as it became highly probable that she would make the grade, she became convinced of success. Joy over the prospect vanished, she took her good marks for granted and the feeling of being actively engaged in a social pursuit disappeared. I think her attitude toward the future also explains why she rarely spoke of fear or anxiety but almost always claimed to be in terror. Terror is the feeling which seizes us when the most dreaded actually occurs and all hope is gone. Anxiety still leaves a loophole open, present or future appear bleak, but not beyond possible repair. I think one may claim that the schizophrenic, in so far as he is schizophrenic, cannot experience anxiety but only terror, and that therefore he feels doomed where others may have only a fearful outlook on the future.

But the consequences of the patient's attitude toward the future are even more far reaching. Here a reason for the schizophrenic's extreme vulnerability to traumata can be found. The schizophrenic anticipates the future as certain in accordance with the dictates of his emotions but since the future so rarely unfolds itself in accordance with these expectations, the schizophrenic is constantly on the verge of becoming traumatized. It is of interest to consider in what respects the nonschizophrenic also anticipates the future as certain. There are of course the constant indices of our physical environment, the *donde* of time and space in general which are considered as immutable. But there are also anticipations in the social realm which we consider as certain. When we fall asleep we anticipate the certainty of waking up in the same place, we anticipate and we do not doubt that those we love and by whom we are befriended will recognize us and call us by name. There is no doubt that we would become traumatized and soon develop feelings similar to those which are so often observed in schizophrenics if we frequently awoke in strange places and if our best friends did not recognize us. Yet this I believe is the way the schizophrenic often experiences reality even in trivial matters. Since deviations from the course which the schizophrenic has anticipated as certain result in traumata, the schizophrenic is constantly exposed to traumatization. One of the principal values of the therapy here comes to the fore. Since the patient's emotionality becomes more and more absorbed in the transference and other sectors of his life lose in emotional importance, and since the analyst comes close to the schizophrenic's expectations in so far as he meets him every day with unswerving devotion and grants him the daily privilege of unrestrained emotional expression, reality loses much of its capacity to traumatize the patient. A *cordon sanitaire* is built around the patient by the emotional shift from reality

to the therapeutic situation. This temporary freedom from traumata alone gives the schizophrenic's deeply injured ego a chance of recovery.

However, one of the most impressive, though quite lamentable, clinical observations is seen when the schizophrenic suffers, in the transference situation, this kind of trauma and forms a symptom accordingly. I could observe this twice in the patient. She was referred to me by a colleague who had seen her for a short time. During these few sessions her psychosis had taken an acute turn. The patient reported that she had started her treatment with great expectations. She revealed herself without reservation to the analyst with whom she had instantly fallen in love. Yet the analyst allegedly preserved complete silence. The patient went on revealing herself despite the analyst's silence. After the sixth or seventh interview, while taking a walk after the analytic session, she suddenly had the feeling of having lost her personality. This feeling had persisted for years and she insisted that it was the analyst who had taken her personality away from her. It turned out that she had interpreted his silence as a complete rejection of her personality. Since he seemingly did not respond to any of her revelations it meant to her that he rejected each of them. This alleged proof of her total worthlessness, an experience for which she was unprepared, traumatized her severely, since it was in extreme discordance with the certain pathway of the future she had mapped out.

In correlation with the gravity and with the content of the trauma, this experience left a permanent trace in the form of the feeling of deadness.

During the course of her treatment with me it became evident that she was sure she would become one day my mistress. This, of course, was frequently discussed, and the patient discovered that she would be frustrated in that respect. One day the patient told me she had become sad without knowing why. It was a feeling of internal grief, a sensation in her throat which was new to her and which was not as painful and total as that of her having lost her personality, but which was likewise persistent and immutable. A process similar to but less intensive than that of the first treatment had taken place. Again she had anticipated the future in terms of the certainty of a love relationship. Frustration left again an unpleasant emotion. But in contrast to the previous episode, this time the course of reality was not experienced as a total rejection. Whereas my predecessor had sent her away I continued a friendly relationship but just seemed not to care about her body. The ensuing emotion was consequently less painful. One can see here how the emotion is graded in accordance with the intensity of the trauma. One can also see how a

trauma may leave a permanent trace in the ego. Although her first analyst had become unimportant for her as soon as she had formed a new transference relationship, the trace which the trauma left was still well preserved. This clinical observation also most impressively confirms one of Freud's theories which says, if expressed in an abbreviated form, that emotions are the residues of reminiscences⁶⁵

XVI

A few concluding remarks may be permitted. Whether the basic defect which I thought I perceived in this patient is significant of the disease entity covered by the term schizophrenia or only of a subclass of that disease or only of this patient, I do not know. One can easily deduce from the particular disturbance the involvement of delusions or hallucinations. One can also imagine how an ego which has to suffer so much from its emotions may at last give up the struggle and keep itself in an emotionless state or at least in a state in which emotions occur in minimal intensities. The most surprising finding, however, may have been that this patient's ego responded to emotions in many respects in the way children are prone to respond to instincts. I could have described the patient's psychopathology by saying that the patient treated her emotions as if they were drives, but her drives as if they were the far less dangerous emotions. If this aspect should hold true for other instances of schizophrenia, it may facilitate greatly the understanding of just that which strikes us as particularly bizarre in schizophrenic psychopathology.

The patient's peculiarity of meeting her emotions as if they were drives can be understood on theoretical grounds. Freud's great new discovery presented in *Inhibition, Symptom and Anxiety* can be summarized as the finding that emotions also follow a primary and secondary process. The primary process of emotions would correspond with the full unfolding of an emotion which I have mentioned so often, the secondary process of emotions would correspond with the reduction of an emotion to a signal which can well be compared to "the experimental way of acting" (*Probehandeln*) which Freud made the cornerstone of the secondary process in the system preconscious. Since the secondary emotional process

⁶⁵ See Freud (1926 p. 24). Affective states have become incorporated in the mind as precipitates of primeval traumatic experiences and when a similar situation occurs they are revived in the form of memory symbols. (The correct translation would be they are revived like memory symbols.) Under the impact of frustrations stemming from her principal love objects this patient had acquired affective states persevering almost continuously. Possibly the capacity of evolving new types of emotions under the influence of a trauma is a unique property of the schizophrenic ego.

was lacking in the patient's ego her ego was threatened by the emotions as if they were drives which can follow only a primary process

These observations made me think that possibly the choice of defense mechanisms depends, at least in the early phases of development, almost exclusively upon economic factors and not upon the origin of stimuli which the psychic apparatus has to ward off. That is to say, the choice of defense mechanism occurs independently of whether the psychic apparatus is warding off stimuli coming from within or from without. These economic factors may be given by the intensity of the stimulus, the intensity of the motive for defense (anxiety), and by the proportion between the strength of the ego and the difficulty of the task to be accomplished by the ego.

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SOME OBSERVATIONS ON DISTURBANCES OF THE EGO IN A CASE OF INFANTILE PSYCHOSIS

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Parents of psychotic children frequently stress the fabulous memory these youngsters have. Closer examination of this phenomenon in severely disturbed children reveals that this seemingly positive ability actually expresses grave pathology of the ego in the most crucial and important mechanism of defense: *repression*. The elements of this defect, in turn, can be traced to peculiarities in the fields of perception and affects; the interaction and connection of both being essential for personality development, and a *sine qua non* for the evolution of a structured ego.

Stanley, six years old,¹ struck everybody who met him with his memory for small details of certain affect-laden conditions or situations of his past. Some extraneous or tangential quality of a detail of a subsequent experience would remind Stanley of the past situation and elicit in him a sweepingly diffuse total reaction. Through a seemingly slight similarity, he was reminded of the past and became completely overwhelmed by the affect which the past experience once had evoked.

Innumerable examples of this child's failure in selective forgetting came to the fore in the course of treatment. However, in this brief communication, we confine ourselves to the description of only a small segment of his behavior indicative of his ego's inability to recall selectively and to react specifically to certain perceptive and affective stimuli.

Ever since the time when Stanley had been read to, his mother used to read to him a book called, "When You Were A Baby," which made him cry uncontrollably. His reaction to this story has never changed; at the age of six he still cried bitterly while listening to the story, yet he often insisted upon hearing it. However, not only this book elicited that sweeping total emotional reaction, it was transferred to any other

¹ The observations communicated in this paper have been carried out during the first year of treatment.

story about babies which seemed to cause recall of the same total memory and affectomotor response. On several occasions when his kindergarten teacher read a story to her group in which a baby was mentioned Stanley would burst into uncontrollable crying. He cried so hard and became so upset that his teacher found it necessary to telephone Stanley's mother to ask her to come and console him or take him home.

In his book *When You Were A Baby* which originally made him cry every time it was read to him there were two pictures on two pages opposite one another. One picture showed "The Baby" in his play pen of which one could see the bars only; the opposite picture showed Panda sitting in a cage of which one also could see the bars only. The baby cries; it has his toys thrown out of the play pen and cannot retrieve them. Panda on the opposite page has a bowl with food sitting beside him. For anybody the two pictures suggest certain similarities besides the dissimilarities between the Baby's and Panda's situation. Both Baby and Panda are behind bars. The similarity is also expressed in the text of the book which reads: "And Mama thought: That baby looks like the fat Panda at the Zoo sitting in his cage." But the interesting and unusual thing was what this little patient did with the situational similarity. He completely discarded it; seemed each or both of the obvious motivations for the baby's crying. According to our observation in the treatment situation whenever Stanley has come in contact with either a baby doll or a baby picture he has called it Panda. From the situational similarity Stanley equated Baby and Panda. Baby and Panda were together in that book; therefore they always belonged together. The image of one elicited the other; the two concepts became fused and quasi interchangeable. Stanley seemed unable to separate or differentiate the two parts of the composite image once perceived. The two personalities of the picture book whose image at one time happened to appear syncretically (Werner 1948) became engrams forever connected in his memory. Furthermore there was evidence in the material for the assumption that to Stanley the perception and the affect Baby and crying had become irreversibly connected (Piaget 1952). The crying baby in the book sat opposite the noncrying Panda who had a bowl with food beside him. Stanley ever so often would feed a crying baby which he detected in another book. One would have assumed that Stanley's diligent bottle-and-spoon feeding of the crying baby was motivated by his wish to console the crying baby and himself in identification with it. This was not so. Neither his reactions nor his answers to questioning bore out the slightest causality to this effect. On the contrary as we will elaborate later the feeding of the crying baby by

Stanley was an acting out of a need for completion of restitution from a syncretically formed traumatic affective memory (We will see, in particular, that crying and feeding by mother belonged inseparably, irreversibly, but not causally, together)

During our observations of this patient, we had proof that with Stanley not only the psychic representations of Baby and Panda, but of three figures of Baby, Panda and Mother were blurred, undifferentiated from each other, and intermingled with the representation of his own self. Not only were Baby, Panda, Mother, and he himself, easily fused and confused with one another, but so were certain emotional (affective) qualities which had been connected with those four syncretically coincident images at the time when the conglomeration of concepts had originally occurred, very likely in the second half of the first year of his life. Clues for such an assumption were reconstructed from the following material and data.

Stanley has, at times, become quite absorbed in a children's book which he found at Dr. E's "Fun With Faces." In this book there was a picture of a baby's face whose expression could be changed by pulling a little tag attached to the bottom of the face and then pushing the tag up. In other words, this tag worked like a "switch"² with which one could "turn on" one physiognomic expression and "turn it off" for another. One of the baby's expressions was "crying," the other was "not crying." He "turned on" one expression and "turned it off" for the other. That is, he switched the baby depicted as "crying" to the picture of the baby depicted as "not crying" and vice versa. He called the baby "Panda." When Panda, the baby, did not cry, Stanley said "Now she³ is happy!"⁴ and he would insist that the mother substitute should "say she is happy." Only when Dr. E. said "now she is happy" was Stanley satisfied for some moments.

It seems important to interpolate here some data about this boy's general behavior during the treatment. Every time he was "switching" the baby's expression "on and off" he displayed paroxysms of excitement. That is, he threw up his stiffened and flexed arms, strained and tightened his arm muscles rhythmically in this position for some time, while twisting his head downward and to the left side. His face was bizarrely

² The significance of the switch, mechanical devices and "the machine" in particular will be elaborated on in a forthcoming paper. Compare also Elkisch (1952).

³ Dolls "octopuses," Pandas, etc. were girls to Stanley. For example, he always spoke about the "octopus girl."

⁴ Actually the "not crying" baby on that picture did not look "happy" at all. It looked sullen in terms of our perception and interpretation of emotional facial expressions.

distorted with widely open mouth and protruding tongue Grimacing in this way Stanley jumped up and down like a rubber ball so that the whole motor behavior impressed the observer as a performance of a mechanical toy that had been wound up rather than that of a human being

This type of behavior (catatonic like excitement) was in contrast to another type of behavior *with which it alternated* While the patient exhibited the above-described catatonically excited behavior his activity was concomitantly confined to one single pursuit for example switching the faces of the baby pictures It was impossible to distract the child from this stereotyped pursuit or to lure him into any other for a long while However at times he would behave in a diametrically opposite way from the beginning of some treatment sessions or all of a sudden would fall from the autistically stereotyped behavior into complete listlessness Then all focus seemed lost he would not play or want to do anything Instead he would fumble as if in a dazed state with whatever might be at hand For example he would finger some toys which lay around drop them and move lethargically back and forth from one place to another without any aim and goal At those times he seemed to be a quasi part of the environment a particle of the surroundings in a state of cohesion with it and undifferentiated from it This state Volkelt attributes to the animal about which he states that its perceptions exist only in so far as they are part of a wider totality of action in which object and inner experience exist as a *syncretic indivisible unity* (Werner 1948)

According to our observation it was in this state of semistupor that he would all of a sudden touch the arm of the mother substitute and with this excitation at first slight, the child would switch himself on as it seemed into an intense and diffuse affective state Such was the case with body contact as well as with a trigger engram For example the word baby spoken or read to him from story books seemed to be such a trigger engram It seemed as though the patient *very deliberately* sought such a sweeping excitation via the trigger stimulus as if to defend himself against his apathetic state as if to ward off the danger of symbiotic fusion through which his entity and identity would become dissolved in the matrix of the environment It appeared as if the child had switched himself into excited crying or catatonic like motor paroxysms as well to gain momentum as it were like an engine to counteract symbiotic dissolution of the boundaries of his self Although he could not stop once he had turned on these paroxysms of jumping cramping and twisting he nevertheless sought the diffuse overcathexis of his ego the increased body

sensations, because they seemed to enable him to achieve some kind of self identity (Compare Eissler, 1953, Mahler, 1952, 1953) We believe that his aim was delimitation of his self from his mother and from the environment by deliberately cathecting his ego from without (like touching the therapist) and generating excitement from within. He used a mechanism which, though much less differentiated, to be sure, yet reminds of the grown up patient of K. R. Eissler (1953)⁵ This patient would use the mechanism of 'feeling dead' to be able to engender emotions from within, "pump up" a pretended emotion which in the patient's estimation fitted the social situation.

The fascination which the two baby pictures in the book "Fun With Faces" had for Stanley corresponded to his quest for rather primitive and undifferentiated mechanisms of restitution (defense of psychotic children) with simple, learnable patterns, which he could imitate and "switch on". By these patterns he endeavored to orient and adapt himself in the disconcerting diversity of a highly structured social reality for which his unstructured and fragmented ego had neither the modulation capacity of affects, nor the prerequisite of selective perception, selective forgetting (repression), and selective recall. Psychotic child patients often seem to realize that they cannot respond adequately to affective stimuli in reality and, therefore, try to 'learn' emotions or emotional reactions as, for instance, one might learn a habit. So Stanley showed evidence that he desperately persevered to learn gestures, to 'study' emotions mechanically and physiognomically,⁶ as it were, to substitute for his ego's inability to react to real experiences specifically, and in a modulated way, as well as selectively to recall them. With his own baby book he behaved like a traumatic neurotic who tries to overcome a trauma, bit by bit, by endless repetitions. Through treatment he seemed to have progressed in such a way that he began to master the overwhelming affect which hitherto inundated his own self, by making the 'baby face' (in the second picture book) cry, instead of crying uncontrollably himself. In other words, he was enabled to relegate his need to cry to some other subject (or image) with whom he actively and even playfully identified. This was borne out by the fact that he accompanied the baby's "crying" physiognomic expression in the picture with the appropriate crying sounds of his own intonation. Is this not an attempt at restitution, and a successful one, with which Stanley expressed satisfaction by his paroxysmal ecstatic jumping and elation?

On the other hand, we should emphasize the fact that when the

⁵ See also *This Volume* pp. 199-251.

⁶ Compare Kris (1933) Interpretation of the case of the sculptor Messerschmidt.

"crying baby" was fed by Stanley (mother) "it" never would stop crying as a consequence of being fed. This made us aware of the fact that the nature of the ego defect and the restitution attempts with which we are dealing here are even more complex. Would one not assume that the "crying baby" being fed by his mother (personified by Stanley) would stop crying? Instead, for Stanley, being fed and crying had to continue, to go on simultaneously. In trying to understand this, some references to the child's early history seem relevant here.

As a baby, Stanley suffered from an inguinal hernia. Allegedly, from the age of six months on he had suffered intense pain which came on suddenly while the child was happily and quietly playing. "All of a sudden Stanley would break into violent crying." The abrupt violent pain attacks were not only distressing to Stanley's mother and father, but the parents dreaded those attacks because of the possibility that the violent crying in turn might cause incarceration of the hernia. The parents were deeply worried lest the crying would necessitate an emergency operation. Hence, upon the doctor's advice, and their own dread of the consequence of crying and pressing, they went about to prevent the child from crying, at all cost. Thus Stanley's need for crying was utterly frustrated. At the same time, and all along, Stanley was a feeding problem. He vomited a great deal and often would refuse to eat, but being fed by his mother while he was crying seemed to have merged in his memory into "one experience", being fed and crying remained perceptively, as well as affectively, synchronized in his memory, so that one might speak of "syncretic engram conglomeration."

Stanley continued to insist that the "crying" baby in the book "Fun With Faces" had to be fed while crying. Stanley himself fed the "crying" baby as though he wished actively to do to the baby what he had passively endured when he was a baby—being fed while in pain and crying. Now, when he played out his desire to feed the crying baby, which he did with diligence, glee, and amidst paroxysms of excitement, it was not in order to console the baby, as one would expect, but in order to overcome, it seemed, the other part of two simultaneously and passively perceived traumatic experiences of his babyhood. As they happened to him together, both experiences, pain crying and feeding, remained connected and condensed in his memory. Therefore, he seemed compelled, as it were, to overcome the trauma of the total situation, pain-crying plus being fed, synchronically, and *not by the laws of causality*. In this reaction we could observe a specific disturbance in thinking and feeling, resulting in the failure of the selective repressive function of the ego.

This is only one of many examples which demonstrates that this little

patient could not connect situations which for normal people obviously belong together in terms of cause and effect, according to the secondary process. In Stanley, the mechanisms of the primary process—condensation, substitution, displacement, synchronicity, etc.—replaced the secondary process. Two simultaneously experienced emotions remained irreversible and inseparable. Hence, when he wanted to cope with one—being overwhelmed by crying when the trigger engram "Baby" was touched—the same trigger seemed to call for restitution attempts for the simultaneously experienced displeasure of his early feeding situation.

Stanley's perceptive and affective disturbance that we illustrated in one small segment, taken from the wealth of material we gained in studying his case, resulted in a severe defect of the thinking process. This defect arrested him at the most primitive level of reality testing. He could not make the connection between two operations in such a way as to *conclude* that satisfying a need (being fed) might result in satisfaction, in cessation of pain, rendering affectomotor discharge (crying) superfluous. Thus he was partially arrested in development of primitive reversibility within action (Piaget), a level which babies who grew to the stage of so-called confident expectation (T. Benedek) seem to be able to grasp. He could not differentiate between two operations which occurred synchronically, for example, pain crying and being fed, as different activities per se, with different connotations. Such conclusions imply the ability to abstract and the ability to connect cause and effect. But Stanley was unable to grasp perceptions in their sequence and relatedness to one another. He could not integrate perceptions into reversible thought operations (Piaget, 1952).

The material presented in this paper has shown that the so-called fabulous memory of psychotic children pertains to their remembering minute details of affect laden past events. This phenomenon is based on the above-described proclivity of such patients to regress to much earlier ego states of their past infancy (Federn, 1952) and recall undifferentiated affective perceptive engram conglomerates, which seem to be stored, unchanged in the patient's mind. We have described the mechanism of syncretic memory storage, which might also be called 'pseudo repression' because its content is not really decathected and no countercathexis seems to be established. According to Freud (1915), the different mechanisms of repression have at least one thing in common: a withdrawal of energetic cathexis.

Clinical observation of Stanley, who showed autistic and symbiotic

mechanisms⁷ revealed that at the age of six and a half he still was unable to combine to blend and to organize perceptions and affective reactions according to his age because he had not repressed selectively and could not recall in a differentiated way experiences of his past life. The boy's perceptive and affective reactions were primary process reproductions of early infantile syncretic engram conglomerates which appeared to be irreversible (Piaget 1952) and irrepressible. To these early ego states he readily regressed because they were not decathected (Compare Federn 1952).

The pathogenesis of this ego defect which amounted to a grave disability of learning had at its root hereditary-constitutional and early predispositional somatic and environmental causative factors. As to hereditary-constitutional factors there were circular and schizoid personalities in the ascendancy of this child. As to early predispositional factors as early as in 1915 Freud in his paper on Repression has pointed out that a painfully destructive stimulus (for example organ pain) may acquire far reaching similarity to an instinct. The aim of this pseudo-instinct however is simply the cessation of the change in the organ and of the pain accompanying it. Freud went on to say: Let us suppose that an instinctual stimulus such as hunger remains unsatisfied (or pain in an organ remains unattenuated) it keeps up a constant tension of need. *Anything like a repression seems in this case to be utterly out of the question*.⁸ So repression is certainly not an essential result of the tension produced by lack of satisfaction of an impulse being raised to an unbearable degree.⁹ There were many traumata and a state of silent traumata in Stanley's earliest life which we could not describe in this brief paper but which augmented beyond the threshold of repressibility it seems great segments of his inner and outer perceptions. We may assume that concomitantly this infant's tolerance to pain and displeasure was diminished and his anxiety predisposition enhanced (Greenacre 1941, Hoffer 1952). The infant's traumatized body as such does not easily provide the amount of body ego experiences for which the growing and recovering self longs (Hoffer 1952). It seems that if there are too great and chronic states of organismic distress progress toward me-experience and object love as well as reality testing are impaired. The conditions under which Stanley grew up in his first four years of life¹⁰ seemed to render

⁷ For the distinction of these mechanisms see Mahler (1959, 1963)

⁸ Our italics

⁹ Compare A. Freud (1957)

¹⁰ At the age of three several traumatic changes occurred in Stanley's life: (1) the family had to move from the familiar household which they shared with the maternal grandparents because (2) the grandfather became acutely psychotic (agitated depres-

me experience and object experience vague. Added to inherent constitutional proclivities was the early environmental condition that Stanley's mother was very much involved with her own father and mother at crucial periods of the infant's life. She seems to have been somewhat detached, or at least torn between her role as a mother and as a daughter. Though she functioned for Stanley as his "external ego" (Mahler, 1952, 1953, Spitz, 1953), Stanley apparently did not experience her ministrations as real and efficient rescuing from the traumatic situations which have suffused his 'rudimentary ego' (Greenacre, 1952). Thus, through diffuse oversensitivities, plus painful traumatic conditions in the second half of his first year (Greenacre, 1952), overdetermined by "silent traumas" (Hoffer, 1952), and adverse environmental influences at the age of 'normal separation,' Stanley seemed to have become arrested, fixated, as it were, at the primary symbiotic stage of mother-child relationship, so that he has not been able to establish his individual identity separate from the mother's self.

Another characteristic deficiency of the patient's ego ensued: defection in the faculty of abstraction. There did not seem to exist any clear-cut differentiation between the actual object and the mental representation of it.¹¹

It seemed that Stanley perceived outside sensory stimuli like very young babies do in a physiognomic way. He kept in his mind two or more syncretically perceived objects fused with the subjective, affective state in which he had once perceived them with the accretion of most unessential and irrelevant details. In normal repression, different objects, although perceived simultaneously, are handled as separate entities and may be disconnected from each other and from the affect by which they had been accompanied. In Stanley's case, a trigger stimulus caused total recall of the stored syncretic engram.

In this brief communication, we have tried to show the sources and the function of Stanley's "fabulous memory," which was but an inex-

sion), and (3) the maternal great-grandmother to whom the maternal grandmother was morbidly attached died. Both the maternal grandmother and Stanley's mother reacted with depression. It was at the same time that Stanley's maternal uncle became so alarmed about Stanley's behavior that he called the parents' attention to the fact that Stanley seemed to be completely withdrawn and apparently was living in a world of his own.

¹¹ For example, one day during his therapeutic hour Stanley looked through the Baby book of his infancy. On some of the picture pages the mother is absent. He became very anxious, saying, "Where is the Mommy? Where is the Mommy?" While frantically turning the pages he "found" the mother, yet he could not really quiet down until he ran out of the room to his mother who was waiting for him in another room.

pedient substitute mechanism for the lack of the ego's ability to execute repression.

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NOTES ON EARLY EGO DISTURBANCES¹

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The difficulties of differential diagnosis in cases of severe ego disturbances in early childhood are well known. It is, I believe generally agreed that it is impossible to distinguish between psychotic, prepsychotic, and just abnormal children at the age of two. Whether a child of three or four showing a number of symptoms similar to those of an adult schizophrenic can be diagnosed as psychotic evidently depends on more than this similarity. Even those child analysts who believe in the existence of infantile schizophrenia concede that there are striking differences between the two groups. The supposedly psychotic children do not show the blunting of affect shown by so many adult schizophrenics. They have neither delusions—certainly none of a systematized character—nor hallucinations. In addition to some somatic signs, in themselves capable of different interpretations it is the general pattern of behavior, namely the isolation those children show in their relationship to people, that seems to justify the diagnosis of schizophrenia.

Isolation is a neutral term. It may result from regression from a stage once reached and later abandoned or it may be due to an arrest in the ego development. The inability to deal with reality is in itself not a sign of schizophrenia. M. Katan has repeatedly stressed the difference between losing contact with reality and withdrawal from reality. If an ego, whether that of a child or that of an adult reacts to disagreeable experience by withdrawing from the outer world such a reaction is an ego defense. Reality is not lost but merely warded off. The ego keeps its reality sense by avoiding contact with reality. The question then arises: What is the nature of isolation in so-called infantile schizophrenia?

To point out that neither regression nor arrest is ever complete seems superfluous. Retardation in the development of some ego functions is, as we know invariably accompanied by regression of others which have undergone a normal development. In infantile schizophrenia the ego

¹ This paper in slightly different form was read at the 17th International Psycho-Analytical Congress at Amsterdam in August 1951.

shrivels up but is not dissolved. In going through the literature one cannot escape the impression that the features of regression are often overemphasized. The term "atypical," which suggests itself for all cases of, phenomenologically speaking, schizophrenic like illnesses of early childhood, is used by B. Rank (1950) and her collaborators for cases of "fragmented ego."

It is quite conceivable that in the future we shall be able to make sharper differentiations between psychoses and psychosis like illnesses in childhood. At the present stage of our knowledge it seems that the core of all these illnesses is an arrest of the ego development.

With the tendency toward environmentalism that has characterized child psychology of the last decade, the pathogenic factors inherent in an abnormal mother-child relationship have received increased attention. But it was only after the study of the effects of institutionalization that the role of deprivation in the maldevelopment of the ego was clearly recognized.

It seems that the term deprivation is sometimes used in a rather loose way. The mere fact of institutionalization, for example, is in itself not tantamount to extreme deprivation unless we define any institution as a kind of incubator where exclusively the physiological needs of the child are satisfied. A child may never have been separated from his mother and yet have been deprived of much more than if he had been placed in an institution with small groups under good nurses. We have constantly to ask the question: Of what specifically has the child been deprived? Human warmth is an attractive, but perhaps not entirely satisfactory, term. The normal mother, with her spontaneously right reaction to the child's needs, is as elusive a concept as the normal personality. A. R. Eissler (1950) recently considered the possibility that the ego might be prevented from reaching higher developmental levels as the result of a single trauma at the time when the child's early feelings of omnipotence constituted one of his main tools in dealing with reality. The developmental phase at which a child is deprived of all, or some, of the requirements for the uniform development of the ego functions must be stressed more than it usually is. Hartmann, Kris, and Loewenstein (1946) rightly stressed the necessity of studying deprivation according to its three aspects: the nature of the deprivation, its timing and its mode.

The case of Robert, which I have had occasion to study and follow for the last five years, can, perhaps, illustrate the complexity of deprivation as a pathogenic factor in the arrest of the ego development. I will present only a few fragments of the case, namely those which have an immediate relevance to the problem.

When he was brought to me, Robert was nearly four years old, a thin but well built boy who gave the impression of being not quite three. His pale face had a forlorn and anxious look. He was extremely restless, moving about, or rather jumping, like a little bird. It was impossible to hold his attention for more than a moment at a time. He went around the room asking almost incessantly, 'What is it?' If I should say, "A door knob," he would echo, "A door knob." His speech was indistinct. In the midst of this stream of questions, answers, and echoes to answers—sometimes repetitions of the last word or sound only—he would suddenly say, "I love you." Not to me. He did not look at me. It sounded like a verbal tic. Still he had some contact with me, although most of it of a negative nature. When he got "no" for an answer, he had a tantrum. It was not a violent tantrum. He would whine, shake his arms, and press his legs together. His speech became then quite blurred.

When, after some weeks, it became possible to have a semblance of conversation, I had to feel my way into his language. He confused and inverted the pronouns. If he said, 'Let me do it,' he meant that I should do it. When he went to the doctor for his injured arm—he had put it into a wringer—he said, "The doctor hurt his arm in the wringer." Or he would say, "I told you you'll be sorry," which, as the context showed, meant, "You told me I'll be sorry."

The echolalia, a certain motor awkwardness, the confusion of the pronouns, the inability of the child to establish contact with people—all these fitted into the conventional picture of infantile schizophrenia. On the other hand, some of the symptoms usually associated with it were missing. Robert evidenced no marked growth discrepancies, no mannerisms, no grimacing. The supposedly schizophrenic child is said to be unconcerned about his body excreta. However, this was not true for Robert. Nor has it conformed to the experience of Miss Wilma Lloyd of the Child Development Center of the Children's Hospital in Oakland, California. In the last eight years, she has had at the Center no fewer than fifty patients between two and six, some of whom Lauretta Bender would probably have diagnosed as schizophrenic, many of whom were 'atypical,' all of whom lived more or less in a world of their own. I learn from her that most of these children exhibit an excessive, almost compulsive, cleanliness.

While Robert's relationships with people were disturbed, there were indications that he at least tried to establish some contact with others. It was true that he was blocked in taking in the answers to the questions he asked. But, after all, he was asking them. His pathetic "I love you" could be interpreted in various ways. Even if it was, from a purely formal point of view, merely an echolalic repetition of what he had heard, it was permissible to ask why he constantly repeated these and not any other words. It was tempting to interpret them as an expression of the wish to have somebody to love, to break out of his isolation, analogous in their meaning (though not necessarily in psychic structure) to the attempt at restitution in the prepsychotic phase. "I love you" could also be interpreted as the answer, echolalic in form only, to another "I love you" that he had once heard that had faded out, and that he desperately hoped to hear again.

The picture of Robert's illness became clearer from his history as his mother remembered and related it to me.

Robert was the second child. His brother, 15 years older, was somewhat retarded in speech until the age of four. Otherwise he was a normal child. That he was ashamed of Robert, of whose declarations of love the older boy's friends made fun, was understandable. Otherwise the boys seemed to get along reasonably well.

In a way Robert's case began before he was born. During the mother's pregnancy with Robert, the father, who had never had many social contacts, withdrew from all of them without moving any closer to his wife. Intensely preoccupied with himself, he was glad that he had to go away a good deal on trips. He came back at the time of the confinement. But although he visited his wife in the hospital, he stayed there for such a short time that she became rather upset. Throughout the year after Robert's birth, he was away from home most of the time, hardly ever writing so much as a post card. When he came home, he would play with the baby, tossing him up in the air. The baby would cry, which proved to the father that the child did not like him. And so he kept away from him. As early as the first two weeks of Robert's life, the father felt that the baby was queer. He could not say why and in what respect; he was just different from the older boy. He still feels that during that first year Robert regarded him as an intruder.

At the doctor's advice the baby was not breast fed as his brother had been. After the first month he was not held while being fed. He was propped up on a pillow and the bottle was held for him. The mother, harassed by the antics of the older child, had no time to play with him. Both parents felt that Robert was backward and needed pushing. So when he was nine or ten months old, he was obliged to feed himself. The glass was put on a tray before him; he was supposed to lift it himself and drink. For two days Robert rebelled. He was given liquids in very small amounts. At the end of the second day he gave in. He picked up the glass and drank. To the parents this proved that he was backward and needed prodding.

Two incidents from the first year which his mother remembered are probably not the only ones of their kind. Once the baby fell out of the car while the mother was shopping. Another time he fell out of a basket in the garden and lay there for quite a while until a neighbor told the mother.

When Robert was one and a half, his play pen was placed in the back yard behind bushes. There the child cried most of the time. He was quite alone. His mother thought he had to get used to it.

Toilet training began early and was completed when Robert was one and a half. But he began to soil again at two and a half, at the time when the family moved into a new home. The parents got very angry at the boy. Assisted by the grandparents, who came for a long visit, and helpers who offered their advice, they used all kinds of methods to train him. Robert rebelled again and became

constipated. Then enemas were given, to the child's great distress. It was just shortly before he was brought to my attention that he stopped soiling.

Robert started to talk when he was about three. He showed little initiative in saying things without being told. He rarely answered questions. But he learned to count and memorize little songs and verses. He refused to play with toys as if he were afraid of them. Instead he constantly followed his mother, asking over and over again, "What is it?" He *had* to have an answer. If not, he would have his tantrum.

Of all the things the mother resented, this dependence upon her was the worst. He would not get in or out of his clothes, in or out of the car, without her help. Robert's consuming demands were a very heavy burden upon her. "If he would just leave me alone. But he would not."

Whether we believe in the all importance of early deprivations or not, it cannot be denied that the experiences of this child were bound to be detrimental to the development of his ego. Thus Robert's constant demands on his mother, especially his incessant asking of questions without ever being satisfied with the answers, were obviously an expression of his need for oral supplies. It is true that he received enough food in his first year, but it was administered in an unsatisfactory fashion. (The traumatic consequences of this unsatisfactory mode of administration of food for the development of the body ego have been pointed out by W. Hoffer, 1950). The infant did not learn, or did not learn sufficiently, that something would come, the breast, the bottle, the mother, to relieve his tension. Even the institutionalized child is, as a rule, better off: mothers change, but they do appear when needed.

When the succession of hunger and satiety was replaced by a succession of states in which the child either felt alone and went through the painful experience of self-depreciation, or felt loved and his self-esteem was established, he was far too often and for too long periods left alone. The insufficiency of his self-esteem, an important factor in the process of ego synthesis, was, thus, a further obstacle on the path toward a normal ego development.

Later, in his play pen, away from everybody, the child must have been flooded with excitation, with no relief from the outside. He could cry, but his movement was restricted. The path for the mastery of the motor apparatus, so essential for the growth of the ego, was at least partially blocked. Prevented from moving around, from conquering more and more reality by testing it, prevented from approaching it—in the literal sense of the word—the child was thrown back into primitive modes of discharge (temper tantrums). Even at the age of four the boy gave an

impression of carrying his pen with him, with his hands still between the rails.

Not so long ago the deprivations just enumerated, each of them separately but certainly all in their accumulated effect, would have been regarded as sufficient to block the normal growth of the ego. Since then we have learned that they must not be overrated. They are not in themselves decisive. They become decisive only in a certain specific relationship between mother and child.

The attempts to establish a definite relation between one type of maternal behavior and a group of symptoms in the child are well known. Articles have been published describing a special type of mother of the schizophrenic child. I mentioned the "schizophrenic and 'atypical' children who passed through the Child Development Center in Oakland. Studying their case histories and observing some of the mothers together with the children, I did not find that those children had a specific type of mother, unless one would call a general attitude of emotional withdrawal—sometimes it could be followed through three generations—a type. Translated into terms of relationship to the child, this means less energy expended on the child in question, and lack of all sustained support. Such mothers are certainly poor identification objects.

Robert's parents were not merely emotionally withdrawn, they were 'defeated' people. The father, an intellectually brilliant man, suffered from severe anxiety. He was easily disturbed if something came close to the wall he had built around himself. The mother was a compulsive, unable to stand any disorder, extremely disturbed by the *anal activities* of her children, and very dependent on her own mother. She was crushed by the burden of her duties even before Robert became a problem. Once she had had the ambition to become a writer. Like everything else she had hoped for in life, she had had to give it up. She felt that she could not achieve anything that she was a failure.

The parents could not give the child any sense of certainty because they were themselves too uncertain. For Robert they were shadowy figures. I would think that introjecting such a vague emotionally withdrawn person, as Robert's mother was, would be bound to produce a reality shy ego.

The ego is molded under the impact of reality and of the instinctual drives. If a child of parents who are as aloof as Robert's were transferred into a group, he could displace both his libido and his aggression onto the group or its members. In an almost objectless world the instinctual energy finds no other object but the self. The primary narcissism increases. But at the same time that amount of primary aggression which

cannot be discharged into aimless fits of rage is turned back on the self. We may ask, hesitantly, whether under the circumstances just outlined it could not be a part of the self, namely the budding ego, which becomes the object of internalized aggression. We might, to continue with our speculation, assume that the internalized aggression takes as its object the nonautonomous ego functions and thus handicaps the process of synthesis.

In the personality of most of the children under discussion we find both oral and anal derivatives. At the age of four, Robert was still in the anal stage, without having abandoned his oral activities, as evidenced, for instance, by his excessive lip sucking. The overlapping of the two stages found expression also in his greedy dependence on his mother and in his tormenting possessiveness.

The connection between the speech retardation and the suppressed anality beyond which the child had not progressed is obvious. His speech remained largely on an imitative level. I need not point out how much the child's reality testing was handicapped by the speech retardation. The poor reality testing, in turn, handicapped his speech. It became a vicious circle.

The results of the therapy applied to this case yielded further information about its pathogeny. The therapeutic task, conceived in the most general terms, consisted in helping the child and the mother to establish, if at all possible, that kind of relationship that gave a maximal chance for the resumption of the arrested ego development. The abyss between the child and the mother had to be bridged. The first bridge, much too fragile, had collapsed. A new one could be built only if the building were done under different conditions. It was obviously necessary, first of all, to bring the mother closer to the child. She was not so ill, I felt, that her place needed to be taken by a substitute mother figure in a hospital setting.

The work with the mother aimed at changing her—for the child—from shadow to substance—to mobilize all her anxieties and her latent love for the child, to make her aware of his needs, the present ones as well as those of the past. In my work with the child, both in my study and, through the mother, at their home, the mother-child relationship was the main theme. The child was permitted, even seduced, to regress and to get, in the fifth year of his life, as much as possible of what he had missed before.

I hardly need to mention that Robert began to soil again. A few months later he stopped, showing disgust at the smell of feces. More surprising was the accuracy with which he then remembered old grievances.

In the half imploring half threatening cry Don't you ever wave at me his early fear of being abandoned a biological fear of the infant always greatly heightened in such cases became manifest

I will not describe all the changes in the behavior of the boy He is nine now He is intelligent functions reasonably well in a public school speaks well and walks well The confusion of the pronouns has disappeared Six months after the treatment began he had discovered and admired himself in a mirror He had found his identity

Robert is much more aggressive now I do not mean only that new aggression when the boy belatedly entered the phallic phase aggression against the father and sexual aggression against the mother Neither do I mean just his sibling rivalry I mean the aggression carried over from his earlier stages that general antagonistic attitude the old anal spite And I mean furthermore his sit-down strike He grows on but he refuses to grow up While perfectly able to dress he still insists in being helped by his mother His curiosity is insatiable But he would not read He is just starting to read In this refusal we may recognize another cause for the arrest of certain ego functions We may recognize in it aggression as a reaction to frustration The old grievances are not yet forgiven He is still taking his revenge But what is now a revenge was once the direct reaction to direct frustration We may assume that the arrest in the ego development was in part—I underline in part—the aggressive response instigated by the early deprivation

The increased aggressiveness has of course also its positive side In the same measure the mother has become a real object, she has become both the object of love and the target of aggression In the past refusal on her part served at its best merely as a catalyst for his accumulated aimless aggression One can say that the boy improved when he began to hit his mother He could hit her because he loved her Instead of telling anybody and everybody I love you he told her what was all the time meant for her I love you With the fusion of libido and aggression in the cathexis of the same object the ego could be invested with neutralized energy Its strength grew proportionately to the resumption of object relationship

I now come to my conclusion The development of the ego was arrested by a number of factors There were the factors involved in the specific mother-child relationship—I will not enumerate them again there was the internalization of aggression there was the fixation at the anal level there was the secondary aggression which I called the sit down strike

The therapy was based on the assumption that the patient was born

with a normal equipment and normal abilities. It was geared to the resumption of a development which, had it not been arrested, would have progressed in a normal way. The question is whether this approach was enough. I do not believe that the factors enumerated account entirely for the severity of the disturbance. I am not sure that the improvement will stand the impact of adolescence. We find a similar absence of love objects, a similar lack of emotional response from the adult environment, in the pathogeny of delinquency and in other disturbances.

Freud thought it credible that, even before the ego exists, the lines of subsequent development, tendencies and reactions have already been determined. To what extent does the congenital equipment of the mental apparatus, to what extent do specific experiences, determine the development or the arrest in the development of the ego? We shall learn the answer to this question only, if at all, as a result of therapeutic work.

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CERTAIN SEVERE DISTURBANCES OF EGO DEVELOPMENT IN CHILDHOOD

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Bender's very helpful definition of childhood schizophrenia which gave (when it was presented in 1942) a denominator for the bewildering variety and variability of symptoms has brought an end to the search for and enumeration of single criteria. Since then attention has been drawn to interference with the normal developmental patterns. This could be studied more frequently as milder and/or younger cases have come under observation. Thus Kanner, Rank, Geleerd and Mahler in their publications present cases that show rather clearly defined interference with or arrest of development.

Kanner and Rank's cases as well as one of Dr. Mahler's group are identical—described by Kanner in descriptive by the two others in dynamic terms. These are the preschool children who wander around aimlessly, look through persons or stumble over their feet, who rock or spin or are absorbed in another perseverated activity. Interruption or frustration throws them into a tantrum. Language if present is not used for communication. All authors describe a hereditary taint and stress even more the gross emotional deprivations of early life. Mahler and Rank think that these children have remained in an undifferentiated state and that a clear cut distinction between the self and the outside world has not taken place. The result is a scattered, fragmented personality development. Mahler considers their autism as their specific defense against outside stimuli.

Geleerd (1946) describes cases from infancy through adolescence who have progressed a little further. They show similarity with Mahler's second group. They are not completely out of contact. They have no friends among contemporaries but they are in continuous need of a relation with one adult toward whom they show a demanding possessiveness. To any frustration they react with severe temper tantrums of dangerous violence. They also have phobias, compulsions, tics and nightmares and show lack of control over their drives. Their histories show developmental

deviations Geleerd relates the disturbance to an arrest at the stage in which the inability to control the mother completely is countered with negativism, temper tantrums and fears. Subsequently, these children do not erect an image of the loving mother in themselves nor do they transfer omnipotence temporarily to her. Geleerd thinks that this persistence in omnipotence, a failure in reality testing, may be at the bottom of the more frank psychoses which some of the children develop in later life.

With this as a background many of us recognize more and more frequently in our offices a type of child who falls in line with the cases described by the above mentioned authors. In what follows, the clinical characteristics and the dynamics of these children will be discussed and some assumptions presented about their future development. Problems of nomenclature will be avoided and the cases will be described as severe ego disturbances of a nonneurotic type, characterized by lack of progression as contrasted with even more serious narcissistic disturbances of a regressive type. It is important that they are recognized as a special group.

These children, like the cases described by Kanner, Rank, and Geleerd, are characterized by inadequate or uneven progression in their development, however, their behavior cannot be related so distinctly as in these authors' cases to one specific level of development.

In the history and make up of such children we find deviations and distorted patterns in many spheres. As part of this deviational make up, they show a marked delay, hence distortion in ego development, more basic and more diffuse than that seen in neurotic children. Although typical traits make them conspicuous at practically any age, it is easiest to recognize them in latency. Attitudes and reactions then distinctly show that the ego has not reached the consolidation which usually gives the characteristic imprint of reasonableness, attempt at control and integration to children of that age. Although our cases often have an extraordinarily high intelligence or special talents, they have retained an excess of infantile modes of behavior. Their faulty ego development, more closely defined, consists in a marked deficiency in the development of object relationship with all its consequences (giving up of omnipotence, of magical thinking, acceptance of the reality principle) in reality testing in the development of the synthetic function and in the proper use of age adequate defenses. Moreover, in many of the children this picture is accompanied by an abundance of diffuse or bound anxiety (*freie oder verarbeitete Angst*).

Practically all of these children have a heredity strongly tainted with open psychoses and/or with prepsychotic, narcissistic, bizarre personal

ities With regard to etiology there is probably a complementary series of constitutional factors interacting with damages in early life, extreme constellations occur, but seem to be rare The backgrounds and emotional climates in the history of these children are of many different types *Strong maternal inadequacy and/or rejection* may contribute considerably to the faulty development, but it is very doubtful whether they could create it Some cases lend themselves to the speculation that a constitutional difference already apparent in infancy has induced or increased the negative attitude of the child's mother, just as it may induce extreme shielding in other mothers (Fries, 1944, Escalona, 1951) Many of these children show from the beginning a heightened or decreased intensity of reactions—apathy or, on the other hand, oversensitiveness, hypertonicity and hyperactivity—which marks them as different And this difference often continues in later extremes of behavior, i.e., in overimpulsiveness and/or complete lack of initiative with overcompliance Damages in early life of a nonpsychogenic nature would be early distresses, which are encountered in the histories of some of these children and which also interact with constitutional factors In some cases all three factors—constitution, maternal inadequacy, and early distresses—can be at play

Clinically three types of problems are in the foreground in varying proportions: *social adaptation, manageability, and neurotic-like symptoms* We encounter *poor social emotional adaptation* in practically all of these children, some are extremely withdrawn and aloof Others are not, but are unable to maintain any social situation because of their need for omnipotent control Projection of lack of relationship may lead to paranoid trends "They don't like me" And then "They hate me!" (A certain literalness combined with fear readiness may make for concrete fears like "A boy said he would kill me!") Other children—a little further progressed—stand out because of the uncontrolled expression of ambivalence Unmitigated outbursts of love and hate in a child well on in latency age are typical, especially when they exist side by side

The variety of pictures, all reminiscent of transitory stages in normal development, is great Instead of aloofness some children show indiscriminate outgoingness They may ask each bus driver about his family, etc., like a much younger child, in others excessive imitation takes the place of a genuine object relationship Others again have an exclusive relationship with an animal as the center of their misplaced cathexis A puppy is the only loved "person", or a magic wish is "to be loved by my horse" No doubt, such expressions do not have to be taken at their face value, but they do not belong in the usual conscious inventory of typical thoughts and feelings of a child in latency age

Among the problems of *manageability* are extreme antagonism, temper tantrums out of proportion to cause, and overimpulsiveness. These children are often completely antagonistic and unpredictable, in intensity and time far beyond the usual negativistic phase. No doubt we also find sadomasochistic relationships in neurotic children, but not to this extreme and not with the same accompanying symptoms.

A third group of problems is represented by *neurotic like symptoms*. Here we find indications of an overload of tension and anxiety, such as driven restlessness, sleeplessness, inability to concentrate. Based on hypersensitiveness in these spheres, there are often relatively persistent fears connected with sound or light phenomena. In others, anxiety in relation to changes in the environment or routine and fear of new things are marked. Fear of activity from outside is frequent. We know that infants and small children often prefer to reach out for a toy, a person or an experience rather than to be confronted with it. Again this phenomenon is much more intense and lasting in our cases. In their histories we also get sequences of fears, phobias, compulsive habits, rituals, mannerisms, obsessional preoccupations. These symptoms are characterized by sudden appearance, disappearance, and interchangeability. Many of the children channel an overload of tension into autoerotic habits of an unusual degree and persistence (as described by Greenacre, 1941). They rock, bang their heads (so much so that the family may have to move), and they resort to odd combinations of masturbation, skin stroking, smelling and oral activities, sometimes with the help of fetish like objects—torn blanket pieces, old shoes—and they do this hour after hour, year after year. The frequently found craze for one object, one activity, or one preoccupation, also belongs here. The obsessive like perseveration, again more intense and more persistent than usual in latency, covers anxiety.

The *ego development* of these children can be recognized from their difficulties. Some children show their lack of differentiation from the mother by assuming their thoughts and wishes to be known, whenever this assumption is disproved and an anticipation is disturbed, they make a scene. In others, individuation has progressed a little further, but the assertion of omnipotence, still stubbornly preserved, makes them go into a rage on the slightest frustration. No interruption of activities nor refusal of immediate wish fulfillment can be tolerated. In this group we also find the very antagonistic children, who feel extremely threatened by giving in to another person, because it means to give up omnipotence. We also encounter a clinging attachment with demand for constant attention from the person who satisfies their needs. (Rarely does the object relationship progress beyond this anachitic parasitic stage.) An alternation

or coexistence of anxious clinging and antagonism is found quite often especially in the more disturbed children and probably represents the anxious, unsuccessful forward and backward steps in the giving up of the unit with the mother (in Margaret Mahler's sense). The extreme degree of their ambivalence has already been mentioned. A conflict ridden and tumultuous relation to the mother may still be their only object relationship. Thus in these children the stages of primary narcissism, establishment of an object and conscious ambivalence are not successfully overcome and do not resolve in a mainly positive object relationship as usually developed with latency.

The incompleteness of individuation and ego formation account for the fact that establishment of the reality principle could not be successfully achieved. The maturational prerequisite capacity for anticipation is present but the urgency of demands cannot be reduced and the child's attachment cannot outlast deprivation (Hartmann, Kris, Loewenstein 1946).

In this transition from primary narcissism to object catbexis from omnipotence and magical thinking to reality testing and from the pleasure principle to the reality principle fantasy and pretense often take on a disproportionate role in the mental lives of such children. Many are addicted to pretend play drawing their environment into it and are for ever unable to stop. Probably not only the quantity but also the quality of this pretend play is different from that of less disturbed children inasmuch as reality is lost to a greater extent and the play identification more complete and real. The magic quality of these enactments of omnipotence and id desires seems overwhelming. The deficient ego is neither able to keep these wish fulfillments within the limits of intentional play nor subsequently able to transform them from conscious fantasies to unconscious ones.

This inability and often the thinly veiled symbolic language (primary process like) show that repression is not sufficiently at work and that the development of defenses is faulty. Hence the scales between drives and ego are still balanced in favor of the drives. As a result habit training in these children is often especially difficult and delayed the more so since in this early learning experience the interplay between mother and child as separate individuals is of importance (Hartmann, Kris, Loewenstein 1946). Expressions of the oral and anal drives often exceed expressions of the phallic ones or there is a more diffuse polymorphous picture but rarely has the child's libidinal development reached the phallic stage with its evidence of organization. These children are extremely oral, greedy, impatient and/or extremely sloppy and dirty and their usually

diffuse aggression can reach dangerous degrees. There is also exhibitionism, sexual experimenting, and open masturbation. Reaction formations are either not at all developed, or they are excessive, both extremes do occur in the same child. The mechanisms used predominantly are introjection, projection, and denial, especially the latter to an extreme, almost delusional degree.

Some mechanisms which are usually considered defenses, like sublimation and intellectualization, are applied by these children in an unusual way. There is an obsessional exclusiveness and limitation to one activity, one object, or one preoccupation. Some draw, think, talk, write, read only one thing (about horses, for example), still others will occupy themselves only with drawing or only with modeling—no matter what—day after day. Again this is much more intense in quality and timing than the usual hobbies of latency.

Some of the children show a hunger for identification as expressed in their behavior and their attitudes. They may use identification as a substitute for object relationship, but it actually remains on the imitative level of the primary identification type. Thus, identification—so important in normal latency—also falls short of a true defense. It is as if these children, who for external or internal reasons have not succeeded in making the first and most important identification, that with the mother, must for ever continue to practice this mechanism.

The overintensity of the reaction of many of these children has repeatedly been mentioned. We assume that their Anlage has disposed them to an over- or underpatterning. More striking even is the coexistence of opposite extremes. Some are very sensitive—like an infant sensing our moods—as well as very insensitive, even callous, extremely sloppy as well as meticulously clean. They show overcontrol and lack of control, they love and they hate—and all this without conflict or with only weak attempts at rationalization. This again we see in younger children, however, as latency approaches and progresses the opposing trends are fused under the predominance of one, indicating that the synthetic function of the ego is at work. In our cases the deficient ego fails to unite—or again lags in the development of this force to unite—opposites and to deal with ambivalence.

What is the future development of these children? If temper tantrums and diffuse aggression increase and take on proportions of catatonic outbursts, or if fears become deeper, overwhelming the ego, and states of panic develop, the picture is then clearly that of a psychosis.

The majority of these children go a different way, toward improvement characterized by a superficial socialization. Aloofness gives way to

superficial politeness and conformity, aggression and antagonism are transformed in many of these children into increased ritualistic and obsessional traits. However, great as the apparent clinical improvement may be, typical difficulties still betray a remaining deficient personality structure.

My experience covers such children from latency through adolescence. Their development as observed allows the following assumption. These children probably represent the pool out of which a variety of non-neurotic, odd, immature personalities emerge—resembling individuals found among their ancestors. According to present-day nomenclature they are called early schizophrenics, latent schizophrenics or severe borderline states. Clinical entities of adult patients out of this group have been described in the literature. The development of some of these children as they go through adolescence approximates the clinical pictures given by various authors (Stengel 1938, 1948, Hoch and Polatin 1947, Greenacre, 1941, Deutsch, 1934). On the other hand the childhood characteristics of their cases, when given, correspond to my description. In a number of these children, obsessional features become so pervading that the picture comes close to a severe obsessional character disorder, as Stengel describes it in adult patients. In several papers, Stengel (1938, 1948) has shown such severe obsessional symptoms fencing off or alternating with psychotic episodes (I owe this to a suggestion of E. Kris.) In others, anxiety remains in the fore, either more structured in pan-neurotic symptoms, approximating the picture as described by Hoch and Polatin (1947) or more unstructured in a diffuse overload of tension and anxiousness, as described by Greenacre (1941). It is striking how much of Greenacre's material applies to these children. In other cases, often devoid of anxiety, an overly strong tendency toward identification as a substitute for object relationship prevails in the further development determining the apparent personality and the life pattern, and making for the picture of an 'as if' type, as described by Helene Deutsch (1934). Sometimes the identifications are even more fluctuating and variable than those in her patients. (We know from our adult borderline cases that these pictures are not always clear cut, and some we find are overlapping.)

The following case will illustrate such a development. Paula's parents sought advice for the first time when Paula was ten, turning to a counseling agency for help. The immediate problem troubling them was how to handle the constant quarreling between ten-year-old Paula and her sister Jane, seventeen months younger. The difficulty seemed to center in Paula, who had shown disturbances from her earliest years.

Paula was a skinny little thing with slightly odd features and a mop of un-

manageable hair which she would not have cut. She was shy and aloof but was often hostile to other children, whom she suspected of sneering at her (There was some basis for this, she was not only untidy but also enuretic, and she often dressed herself in peculiar combinations of colors and styles) Paula reacted in unpredictable extremes. At times she talked incessantly, often to strangers, in spite of her usual timidity. She read voraciously. She frequently reacted with bursts of anger when thwarted. Toward her mother she was clinging yet antagonistic and very demanding. She was extremely jealous of her younger sister who tended to be domineering. The difficulties between the sisters had existed since early childhood.

The case material revealed the intertwining of hereditary factors with early deviations in development and an unfortunate environment. The parents, who had successfully finished high school, were of Rumanian background. Both families included a number of bizarre, maladjusted persons and some open psychoses. The father, a venturesome and successful self-made man was only apparently well adjusted. Actually he was self-absorbed and also given to explosive outbursts. (While Paula was away in college, he was hospitalized for a severe depressive episode and given shock treatment.) The mother showed a certain warmth for her children but was an inconsistent and disorganized person who was unable to cope with the difficulties of child rearing and house keeping. She gave frequent expression to lurid fantasies and paranoid reactions. The marriage, originally a love match had soon deteriorated into constant quarrels characterized by threats of separation on the part of the father and threats of suicide on the part of the mother, neither carried through. Both made frequent trips thus running away from chaos. Sometimes the mother took the—often sickly—children along; sometimes she went alone, leaving the children with aunts or maids.

Paula had been a planned child (in contrast to the two subsequent pregnancies). Pregnancy and delivery were normal. A very warm and loving nurse took care of Paula (until she was three). During the first few weeks Paula developed boils on her head, which required treatment. She was a lethargic baby who hardly ever cried and who smiled late (after one year) and rarely. Notwithstanding the birth of her more alert and appealing sister, Paula remained the nurse's favorite throughout these years. Her early development was extremely slow. Only after glandular treatment (by mouth) was instituted at the age of one year did she begin to sit and somewhat later stand and walk. When she was three her mother "didn't want her child to be a guinea pig any longer" and had the glandular treatment discontinued (without maleffect). The mother reported that at nine months the child began to "rub her feet" and that in her second year she started head banging, especially when she did not get what she wanted. The mother could not recall details of weaning and toilet training. Complete bladder training had not been achieved.

When Paula was three the mother—in a sudden paranoid reaction—discharged the nurse for gossiping with the neighbors. The mother was then in her

third month of pregnancy and able to give the two little girls only a minimum of emotional and physical care. Stillbirth (of a boy child) and hemorrhages made matters worse. A sequence of maids followed the first nurse none of them able to take over.

The mother remembered that during the preschool years Paula had already been shy anxiously clinging yet demanding. Temper tantrums had then taken the place of head banging. Paula was easily frightened, she would stiffen up when overwhelmed by fear, for instance when a dog barked at her mother (*sic*). Although suburban life lent itself to early friendships, Paula had no real contact with contemporaries. Always rather verbal, she would occasionally talk on excitedly to other children but she was unable to play with them and accept their ideas. She would withdraw to her room and cut out paper dolls. She also stayed indoors because she was afraid of balls and ball playing. Earlier she had shown panic reactions about the flushing of toilets, a fear she gave up from one day to the next. She was afraid that she or her mother would grow old and she would beg her mother not to let this happen.

The beginning of school made matters worse. Often Paula would stand sullenly outside the class (frequently wet). She would not establish a relationship with the teachers or the children and at times would not even answer when spoken to. She had nocturnal as well as diurnal enuresis and when wet would stay drenched without informing anybody (the mother asserted she had not shamed the child or been overly reproachful). Through her school years Paula continued masturbation by leg pressure sometimes to a noticeable degree. (Her mother called this rubbing feet from the habit begun in Paula's babyhood.) Fears continued to trouble Paula and to change in contents. At the age of eight she became frantic after accepting candy from a boy classmate who had the reputation of being dirty. She feared that it was dope and ran to Jane in panic. Some what later she became afraid of the candyman in the park.

It became obvious that Paula's deficient object relationship was paralleled by a not too well established relation to reality. Scenes like the following bear this out. During the year preceding the consultation while in a resort with her mother and sister and the housekeeper Paula went into fits of anger whenever her mother dared to leave the house. Once she ran up after her mother's cab screaming angrily when someone tried to calm her she said: My mother is running around with men, gambles and drinks and never takes care of us children. (This did not apply to the mother nor was it a repetition of the father's reproaches.) When the housekeeper caught up with Paula she turned away with: I don't know you. To the mother's friends she would say: Why do you talk with my mother, nobody else can stand her. It is interesting and in line with this easy shift away from reality that Paula showed talent in imitation and dramatics. In spite of aloofness, shyness and general fear of ridicule Paula liked to recite in front of the class and at the age of nine she imitated her bunkmates in a skit which was considered excellent.

Jane, Paula's younger sister, was pretty and alert. She had been an easier

child from the beginning. The father, who had 'no patience with Paula's odd ways' tended to favor Jane. The mother was inclined to favor and protect Paula, perhaps being overly identified with the troubled child. The two girls had always quarreled, their relationship was characterized by Paula's jealousy and increased wish to monopolize the mother and by Jane's attempts to boss Paula. As the girls grew older their constant battles added to the upsets and quarrels of the parents. The mother, unable to handle the situation, had sent them to camp from early school age. (These separations added to the ones caused by her trips.) Naturally, camp placements had proved of no help. Jane became more domineering and Paula more hostile and withdrawn. Her hostility was directed not only against Jane but also against other children whose whispering she would always relate to her enuresis. (Her provocative sloppiness and general messiness had made her increasingly unpopular.)

Hostile withdrawal, extreme degree of jealousy, clinging antagonism and demandingness were in the fore when Paula's case was first presented to the counseling agency. Treatment was recommended for both, the mother and Paula. However, the mother flatly refused treatment for herself and quickly brought Paula's beginning treatment to an end. Subsequently the parents took steps on their own. The children were entered into a boarding school and the mother moved temporarily to the vicinity of the school. (This arrangement had been partly motivated by the father's recurrent wish for separation.)

When we relate Paula's symptomatology to our previous discussion on disturbances in ego development we can say that Paula had gone through the latency years without forming the characteristics usually developed during this period. Her behavior and attitudes were determined by poor object relationship, omnipotent demandingness, nonacceptance of the reality principle, poor reality testing, and extremeness of reactions. Paula's later development could be further studied, because psychiatric help was sought again—this time by Paula.

At the age of sixteen, Paula resumed treatment with the author. She was now a medium-sized brunette, her features still peculiarly disproportionate, her type of dress still somewhat odd. She was very thin, possibly due to erratic eating habits and underdeveloped. (No breast development had set in, some staining at twelve had not turned into regular periods. Menarche occurred only at twenty after glandular treatment for hypogenitalism.)

In the first interview Paula exhibited a quasi-sophistication and an affected manner. She had a veiled expression in her eyes and her voice faded away as she talked. Paula reported that during the year before she had been persuaded by her parents to enter treatment with a therapist known to them. But after a few months she had stopped because she did not want to follow her parents' suggestion and also because she felt 'unable to talk to a man.' She stated that over the last years she had developed hate and fear of men. This fear was espe-

cially attached to single men in isolated situations. For example, she avoided taking cabs after a driver had once unexpectedly driven her through the park at dusk. She was afraid of elevators since the elevator at one time had gone down instead of up and a colored delivery man had entered from the basement. Paula poured out her mother's lurid stories about what happened to girls in such situations. She was afraid of rape or murder. She also expressed a fear of dying because she couldn't believe in God and then it means rotting. Paula complained of frequent feelings of self-consciousness and of compulsive masturbation. As her mother had done in the past Paula called this rubbing feet. While at boarding school she had stopped masturbating at times. Concern about not menstruating had combined with mother's older threats that she would become crippled if she persisted.

Subsequent interviews with Paula and her mother brought out that from twelve to fifteen Paula had changed schools several times at her own request (Jane had soon been sent to a different school). Paula usually chose boarding schools but there were two attempts to live at home and to attend school in town. Her wish for a change was built on the magic hope of improvement of being healthier, cleaner, and more popular. The magic hope was built on hearsay. When it collapsed she would feel disliked and meanly treated, a scapegoat and would react with increased hostility. Her peculiar appearance and her bed wetting continued to give some reality basis to her fear of not being liked. Her mother felt that Paula also was conspicuous by her continuous and exclusive talking about one subject, one book, play or movie.

At the same time there seemed to have been a little closer approximation to an average adolescent life during these boarding school years. However under scrutiny the picture was less favorable. Occasionally Paula seemed to have a friend but the friendship consisted solely in her imitating the other girl's make-up type of dress or gait. She had a few crushes on boys but she was not able to manage dates like the other girls and the relations remained in her fantasy. While at school she started to write endearing letters to her father but mainly to ask for money. Letters to Jane were also used to extricate money from the parents although they seemed surprisingly loving they were insincere and cliché-ridden. Characteristically Paula was always good in extracurricular dramatics. Her insincerity had struck her teachers and counselors who remarked on the histrionic trends in Paula's verbalization and who stated Paula sometimes talks circumstantial and makes an artificial impression as if she were reciting a learned speech. During this period she began to read too deep books thus providing herself with the material for learned speech. During periods of withdrawal she complained that the girls did not let her read.

When at fifteen Paula chose to come back again her difficulties in the home soon increased and a climax of tension was reached. She attended public high school and outwardly held her grade since constant tutoring counterbalanced her bouts of laziness and her lags due to changes of schools. Aside from school Paula spent her time with shopping, reading and elocution lessons with a theatrical

career in mind. She read books about abstract or controversial matters beyond her grasp and spoke at great length about such topics—or about the theater. At home her peremptory demands were continuous. She demanded money, books, cosmetics and clothing; the latter were quickly spoiled by inveterate carelessness. Her relationship to Jane was worse than ever. Her parents worried about her general oddity and increased unpredictability. They became deeply alarmed about her outbursts of silliness or fury and her dangerous battles, above all with Jane. At this point Paula threatened to kill Jane. When suicidal threats (after the previous pattern of the mother) followed the homicidal threats and near-homicidal acts (throwing of metal ash trays and ornaments), the parents had urged Paula to begin treatment as mentioned above.

When, at the age of sixteen, Paula entered treatment with the author, depressive moods occurred only transitorily and did not appear quite convincing (in spite of the deeper self-deprecatory and self-debasing tendencies). It became obvious that her demandingness of material things was paralleled by her persistent expectancy that the members of her family should respond to nonverbalized expectations. To the ensuing frustrations she would react with outbursts of rage. In the sessions she would describe these scenes with additional fantasies of hurting her relatives even more. She evidently enjoyed telling about her outbursts, re-experiencing the climax in the verbal repetition and elaboration.

Paula's ambivalence displayed itself in its extreme and was verbalized by her: "I love and hate at the same time." The relationship with her mother actually consisted of verbal and real attacks alternating with demands for vows of love and affection. She tortured her mother by relating to her that she had told the therapist how much she hated her, the mother. She expressed hatred for her father and connected it with her hatred of men, "all pigs." Sometimes she would not talk to him directly but would ask Jane to intercede—usually to ask for money. At the same time Paula indulged in fantasies about her father probably acting as a "sugar daddy." She would "dress up sexy and go to movies downtown" (managing to look so bizarre that she was quite safe). In her relationship with the therapist she would express love and anger alternately. Moreover, she showed the hypersensitivity characteristic of such patients and a super-fine perception of minor changes. This sensitivity was quite in contrast with her usual crudeness.

Paula's tendency toward superficial identifications was also evident in the treatment situation. She formed a typically shallow identification with the therapist, and increased her interest in psychology. Her reading on the subject remained fairly superficial. Instead, her interest in psychology combined with her extreme interest in "the theater." She frequented psychological movies and plays. Not only did she talk a great deal about them afterwards, but she also acted them out, making use of various identifications. After learning about kleptomania her demandingness and some "chiseling" turned to stealing of larger sums and a very unscrupulous use of mother's charge accounts. A few days after she had seen a movie about an amnesic woman, she "fainted" in a

battle with her sister on regaining consciousness Paula recognized everyone except Jane (this took place in front of a boy who had not yet quite decided between the two girls) Occasionally aware of the disturbances in her object relationships Paula would describe herself as having no feeling at all for any body She would also state *I don't love any human I love something impersonal—the theater* Her love of and plans for the theater were much dwelt upon She was less enthusiastic about individual actors than about the theater acting in general or certain roles In her sessions her makeup the modulation of her voice the mood or content of her productions would often convey clearly and skillfully which recently seen role she was reliving She then showed (and perhaps felt) pathos and emotions other than the anger and hostility which were usually expressed when she talked about her own life She became aware of this Paula remembered that at six a cousin had asked her whether she wanted to become an actor to which she had answered No—because then you get murdered Apparently this same false realness—now of emotional experience—had become a positive factor

While she was under treatment Paula's interest in acting and in the theater waned When a colored girl in her class introduced her to the NAACP a period of complete identification with the organization followed Paula kept herself informed about the program of the organization and went into tirades against discrimination and injustice (No doubt her anger about her father's—and also fate's—preference for her sister could find expression in this way but the choice of medium was accidental) When high school ended Paula was accepted by a Catholic college During the next months she showed intense religious interests and expressed the wish to convert As a matter of fact she failed in most of her college subjects but received an A in religion

From Paula's sixteenth to her eighteenth years she continued to come for psychotherapy with the author Then because the college was at some distance Paula accepted transferral to another therapist in the vicinity of the school Several changes of colleges and therapists have occurred since At present Paula—in her beginning twenties—has finished college and has been doing graduate work for one year Afterwards she plans to earn money During one fairly long period of employment in one of the better shops she worked well and learned by imitation to dress with some taste She liked the work her earlier expectations of glamor having waned perceptibly

What is the picture at present? Paula's severe symptomatology has gradually abated She seems to have acquired over the last years the characteristics of a somewhat more consolidated ego The reality principle has been established and her constant demands have decreased she can usually be reasoned with She has almost completely given up the omnipotent enforcing of her own plans and the irrational expectations except for rare recurrences which are apt to happen with the mother Paula's extreme aggression as well as her self-deprecatory and depressive trends have disappeared Projection is no longer used reaction formations have made their appearance Messiness has given way to neatness work

habits are no longer erratic but have become more even and dependable. Exaggeration and lying have been replaced by a decided honesty, the exhibitionistic makeup by a simple tasteful appearance. Her fear readiness and her fears have lost in poignancy, no new ones have developed. The elevator fear alone may trouble her at times.

Paula gets along better with her family. She sees her parents on week ends when the sister usually joins the family too. There is less outspoken ambivalence and there are hardly any scenes. Her relationship with her pretty and successful sister is surprisingly good; there is possibly some vicarious pleasure in identification. Although Paula's social life has improved, a remaining oddity of her features and behavior still prevents her from being generally accepted. She rarely has dates and her sexual life is restricted to fantasy and masturbation. Paula has developed a number of friendships during these last years, but under scrutiny, these relationships—mainly with other troubled young people—will reveal Paula's great tendency to overidentify in both minor and major matters. Paula's intellectual and emotional life has continued to be influenced by Movements (Communism, atheism—the battlefield of her ambivalence being now mainly spiritual) or by Circles (Greenwich Village, drinking groups). It is never she who makes a choice out of a conviction or liking; she always happens to be proselytized and very quickly she becomes overzealous.

The *as if* quality of Paula's life has gained in momentum. As a matter of fact, the completion of her college career was endangered when in one of her last papers she failed to insert important references and was accused of plagiarism. This plagiarism was not intentional deceit (generally she has become overly honest) but the consequence of a disturbance in ego boundaries. (This is a replica of the younger Paula who remembered in treatment a fall during her childhood which required hospital treatment but did not know to whom it had happened—to herself or to her sister.)

DISCUSSION

The case which has been presented displays various, gradually unfolding disturbances. The patient showed deviant features in infancy and indications of increased tension, diffuse anxiousness, and lack of responsiveness through early childhood. Subsequently she went through latency and the adolescent years without developing the stamina of ego growth usually acquired during these periods. Her object relationships remained deficient, projection and introjection prevailed, the reality principle was not established, and the synthetic function was not at work. Most outstanding in the clinical picture was the persistence of omnipotent as well as of conscious and extreme ambivalent strivings. Gradual improvement and consolidation of ego functions set in only at the end of her teens. A similar retardation could be seen in the patient's libidinal development.

Oral and anal trends remained in the fore until she was approximately twenty years of age and then had to be held in check by exaggerated reaction formations, such as are usually seen at the beginning of latency. From early childhood a disturbance in identification was recognizable (inability to recall who fell, fright when mother was barked at). This disturbance was variously evidenced throughout the patient's school years (in her imitation of contemporaries as a substitute for friendship, in her flair for dramatics, and in her unwitting plagiarism). Eventually this facile overidentification colored all her relationships and provided the main contents of her ever changing interests and involvements. The patient developed the characteristics of an "as if" personality as described by Helene Deutsch. The "as if" quality is further illustrated by the patient's passivity in regard to the involvements growing out of haphazard identifications.

Contributory to the patient's disturbance was the lack of mature and consistent parental figures during her formative years. There was also identification with a very disturbed mother who, on her part, overidentified with the patient. In line with Helene Deutsch's assumption, we too can assume that constitutional hereditary factors were at work. This is evidenced by early (and persistent) deviational development and by indications of increased tension setting in while Paula was still under the loving nurse's care and before her mother became significant. Moreover, clinical experience has shown that in similar cases the constitutional factors seem even stronger and the environmental factors less damaging. Correspondingly, Paula's eventual improvement may very well have been due to psychological factors (treatment plus an accumulation of identifications with therapists) as well as to endogenous growth factors (menarche).

We are aware that this case is not entirely identical with the cases described by Helene Deutsch. Paula's object relationships, though obviously disturbed, have progressed somewhat further than those described in Helene Deutsch's cases. In the development of her cases a practical absence of early objects had made for a standstill on a narcissistic level, for a complete lack of object relationship, with only shallow passive identifications in later years. In Paula's case, greater parental "existence" had produced some kind of a child parent relationship beyond primary identification—developing to the level of omnipotent demands and ambivalence. However, at this point Paula's development virtually ended. The capacity for a more mature relationship with the parents has remained very limited (in spite of Paula's better behavior), and there is no capacity for forming, even in this way, a relationship with persons other than the

original objects. Instead, the contact with other persons has remained on the primitive level of identification.

With a slightly higher degree of ego (and superego) development than described in Helene Deutsch's cases, Paula gives evidence of some self-awareness and some self-criticism (often projected). There is also evidence of conflict as seen in her fight against masturbation and in her fears. Some of her fears show a mixture of identification with the mother and of a general anxiousness suddenly attached to situations which are perceived as meaningful. The thin symbolic veiling betrays the essential poverty of her ego organization.

SUMMARY

The paper has dealt with certain severe disturbances of ego development in childhood. Characteristics of such children have been described and assumptions about their future development have been made. A case was reported to demonstrate such a development and one possible outcome.¹ It would seem that this group of severely ego-disturbed children represents the pool from which some acute and subacute psychoses—and a variety of less dramatic, not regressive narcissistic disturbances—emerge.

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¹ A case that developed into an acute psychotic episode and another that is developing into a severe compulsion neurosis are briefly presented in a paper by the author (1953).

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LOSS AND RESTITUTION

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The formation of object relations is the principal developmental process of childhood. Whether we consider conversion from the primary to the secondary process, or development from the pleasure principle to the reality principle, or ego differentiation under the influence of the external world, we are forced to recognize that the goal of survival can not be achieved without object relations. At birth the infant is more helpless than any other animal, if he is not cared for, he cannot live. To understand the means by which he survives therefore is of paramount importance.

In order to survive, a child must adapt to his environment. Physical comfort alone, however, will not make an environment favorable, emotional comfort is also indispensable. But a child cannot by himself provide either, he depends on another person for both. The younger he is the more indispensable is the mother—or the person who does the mothering. He must form with her the kind of union that will provide physical and emotional comfort, will thus insure his survival, and will help him develop from complete dependence to autonomy. All this depends on the nature and quality of his object relations. They provide a measure of his achievement, his mastery over his instincts, his adaptation to the world of reality, and his autonomy. This aspect of human development is the psychoanalyst's primary interest and remains a lasting one. Freud was exploring it when he discovered that the roots of neuroses lay in early childhood, and every analyst who is concerned with early ego development necessarily has to deal with it.

Two fundamental sources, Freud (1917) and Abraham (1924), continue to be fruitful regarding object relations. Their works are so basic and well known that it is sufficient to state that they established the central role which object loss plays in the production of severe ego disorders. More recently, direct observations and study of children by a variety of workers (Anna Freud, Rank et al., Mahler, and many others) have supported the original concept. Clinical studies show that the loss

of an object, the mother, through an emotionally empty neglected relationship, produces aberrations in behavior and development. These studies have described what they variously call the "autistic" child (Kanner, 1942, 1949), the "atypical" child (Rank, 1949), the schizophrenic (Mahler, 1952), 'primal' (Rank, Putnam and Kaplan, 1951) and "anacletic depression" (Spitz, 1946) or *psychotic child* (Geleerd, 1949). Whatever the distortion or aberrations, the cause of the most serious ego pathology of childhood is believed to be an empty relationship with the mother, a sustained loss or separation from her, without an emotional substitute.

All authors regard object loss as the critical factor in the origin of these serious disturbances of emotional development. Some focus on the symptoms, some on the aberrations of development, some on similarities to such a pathological process as schizophrenia and depression. A minority tend to believe that constitutional factors are principally responsible and that object loss, though important, is an accompaniment to them (Bender, 1947, Geleerd, 1949). Another view, the most recent one, regards the mother and the child as in a "symbiotic" emotional state, which is ruptured by the mother's incapacity to furnish sustenance. Through her own impoverishment she makes the child wither and thus produces the pathological effect.

In the opinion of most workers, the mother's psychology places the principal burden of adaptation on the child. The processes which operate between the mother and the child, however, are in some respects not well defined. Rank (1949) states: "Hence, we speak of the quasi mystical union of the mother and child, of the dynamic unit that the mother and child represent" (p. 43).

During the past ten years as the mothers have been better understood their emotional relationship to the child has been closely scrutinized. These mothers have been described in greatest detail by Rank et al. They are women who have, 'inhibitions of motherliness [which] we understand as a carry-over of [their] own early disappointing relationships which produced the forbidden unconscious fantasies regarding the child . . . are those where the mother projects onto the child the devalued image of herself in toto or in part [the child] does not create a core of himself, his individuality and the libido becomes invested in the self, his own body remains the sole object of love (narcissism)' (p. 63). In an earlier paper they divided, 'these mothers of the 'atypical children' into two groups: frankly psychotic and 'extremely' immature individuals with narcissistic cathexes, incapable of mature emotional relationships' (Rank and Macnaughton, 1950). These are the

most explicit definitions of the mothers of such children. There seems to be little apparent disagreement among workers in their published reports. Through the increasing familiarity with the mother's psychology, the trend has been to understand the dynamics of her relationship with the child by way of her own system of defenses, object relations or lack of them, and to see them as being directly reflected in the child. Thus the mother has come to be thought of as the dynamic force, she is a traumatizing impulse assaulting the child. This represents a growing tendency, to regard the child as the mother's image. It assumes that whatever distortions occur in the object are reflected in the child. It has produced important explanations, but it leaves unaccounted for much that takes place in these children.

We are not too familiar with what happens to the child who is deprived of a central object early in life. Each child so affected differs individually from any other. Common characteristics do clearly exist. Whether they are described from a symptomatic point of view, from the point of view of defenses and ego functions or any other, he is a child characterized by social isolation from the external world and by only rudimentary ego differentiation.

We are now only beginning to understand the psychodynamic processes involved in the loss of an object early in the life of a child. There is an enormous literature with many well known studies on object loss in later phases of childhood. Almost any children's outpatient psychiatric clinic has seen, studied, and treated, an endless parade of examples. But despite the wide experience of workers with this clinical commonplace, little direct work has been done with the young child who has suffered an object loss. The purpose of this paper is to present some aspects of the analysis of a child who sustained a loss or separation from his mother very early in life. On the basis of this material some further way to understand children so affected may be derived.

Shortly before coming for treatment at the age of four, Sam had been dismissed from Nursery School. The reason given for expelling him was that he would not accept a group discipline; he was isolated. He seemed to be content only when he was allowed to sit alone in a closet with a fur coat and rub his cheek with it for hours. He was impulsive and unpredictable; he often attacked children without provocation. The report further stated that he looked all around and not at anyone. He neither gave a sign of recognition nor greeted anyone whom he knew. He ignored all directions and was only affected when he was told explicitly what was to be done well in advance. He required constant supervision while he wandered about in an aimless way. The school's consultant psychologist strongly urged that he receive treatment.

Sam's mother was a young woman intelligent educated and attractive. She was afraid it was too late to receive help for her son. She talked in a vivid animated way highly circumstantial blaming herself although not seeming to know what for except that the child was clearly having severe difficulties. She was living with her parents. Her relationship with her father was still that of an adoring daughter with little manifest ambivalence. The grandmother was a strong active domineering woman strict and puritanical she had not however succeeded in dominating the grandfather. In substance the mother was a passive obedient girl who devalued herself in relation to the grandmother ready to acquiesce when with her but managing to be independent when away from home. She had been a successful nursery school teacher for two years she had enjoyed the work but had given it up when she married. She was a hysterical infantile and masochistic woman with great needs for dependency.

The mother reported with great distress that Sam seemed not to figure anything out. He spent most of the time at home in destructive behavior. He would throw things about, tear wall paper plaster and so forth gradually he stripped his room so that it took on the appearance of a cell. He did not play with things but just threw them about. He would sit by the hour in a dark closet rubbing himself on a fur coat. She had first become aware of this behavior when the child was a little over two. It had persisted and invariably happened when he was upset as well as at other times. She simply let him go to the closet and isolate himself. She had thought of taking her fur coat away altogether but he was attached to it. She had taken away things that he seemed indifferent to or that he had a tendency to destroy. This left him with little or nothing. He did not ever use toys in the ways they were meant to be used.

He angered her greatly by merely sitting and staring. When he was younger it had been simpler to put him to bed and to get any home sitter just to make sure he was all right and go off with her husband. Often however she would be so mad [she] would go into the next room and pound the wall with [her] fists thinking what a dirty nasty horrid little boy. Sometimes she would just act impulsively—get it over with before she could stop herself and then get fearful as to how aggressive she was. She would squeeze him too hard in hugging him or put him in too hot a tub or just directly want to smash his head in. At the same time [she] was tolerant of the most awful things he would do and suffer all the abuse he gave [her].

He rejected his mother's attempts to comfort him when he seemed upset or agitated. At these times he would go off to the closet. She felt guilty inadequate frustrated—she could influence him so little that she was furious. Occasionally when he was especially upset he had a stool in bed or more often on the floor in a corner of his room. She would insist he use the bathroom but was unable to punish or teach him to do otherwise. He would shout "You did not do poo poo!" in echo to his mother's reproving. Oh Sam you did not do poo poo. She would become angry then be filled with remorse at his helplessness but be unable to get near him. He rarely talked his speech began at three. He could not

be induced to use personal pronouns and even now referred to himself in the third person

She had always had trouble getting Sam's attention. Her method, finally, was to get him to repeat back exactly what she said she wanted. He repeated her orders in a mechanical way with the same inflections and with a blank staring expression which became characteristic. Her attempts to teach him or have him participate in a game met with no success. This constant frustration built up in her to an intolerable degree of anger. She came to express her fury indirectly by giving up any attempt to reach him. As a result they were further isolated from each other.

During her second year as a teacher the mother had married a young man whom she had known since she was in college. It was important to her that he met with the parents' approval, chiefly the grandmother's. He was attractive and bright and they were very much in love. During the first one and a half years of marriage they lived in the grandparents' home. The husband was often away and frequently out of the country. Sam was born during this period. The mother felt well during her pregnancy, the delivery was short and uncomplicated. Sam being the first grandchild and a boy he quickly became the center of much attention. He was a vigorous baby, who did not cry excessively and whose sleep was relatively undisturbed. He was successfully breast fed until he was about four months old. His growth and physical development seemed normal, and there were a few uncomplicated childhood diseases—chickenpox and measles before he was three.

During Sam's third and fourth month the mother learned of the father's infidelity. His philandering went on while he was away on business, often a month or two at a time. The mother immediately left the child in the grandmother's care while she went off to find the father. She discovered the reports to be true. A new set of conditions resulted for Sam. The breast feedings were precipitously terminated. 'I just put him on the bottle and did not stay around long enough to see what his reaction was'. She was away frequently and irregularly with the father, often absent three or four days at a time.

She became depressed, was afraid she would lose her husband, and at the same time was furious at him as well as at the child who she felt, tied her down. She readily relinquished him to the grandmother. On returning from her excursions she would feel guilty because of her neglect and would lavish care on him, argue with the grandmother over her strictness with the child, and then get angry with the boy because he needed care.

The grandmother did not actually take care of the child herself, he was left principally to maids to do for him. He received excellent physical attention but little else. Emotional care was sporadic. The doting grandfather just stood about. The grandmother was satisfied that the child's physical needs were met. Sam interfered little with the running of the household and did not seem to require an excess of attention.

Sam's complacent acceptance of the variety of changes led everyone to believe

that he was neither disturbed nor affected. Not even shortly after the bottle feedings began when he was about five or six months old he started to suck his fingers actively. This continued for the rest of the first year.

The grandmother in whose care Sam was left disciplined the child to make him give up his increased oral activities. His hands were regularly tied. He reacted by becoming increasingly compliant and more placid as restrictions were put upon him. He had become his grandmother's responsibility during the year that followed. The feeding history was uneventful except that he ate voraciously.

The mother was concerned exclusively with her own problems, the chief ones being her husband's plandering his increasing alcoholism and her own despair. When the father was assigned to a different country the mother decided to take Sam, now about one and a half years old, with them so that they would all three be together. The next year and a half was spent out of the United States, moving about every few months. This meant leaving the child with servants who more often than not spoke no English while the mother accompanied the husband, whose work often involved entertaining his associates. Many times, however, she did not know where her husband was. Fearful that he was drinking too much, which in fact he was, she would go about searching for him. Sam was little trouble and wherever and with whomever he was placed he was completely amenable. During periods of drunkenness the father attacked his wife and often because Sam seemed unresponsive, the child as well. He shouted at Sam, calling him stupid, an idiot who could not be toilet trained. The mother was both depressed and furious, but outwardly placating and long suffering while she endured the increasing uncertainty of her husband's behavior.

When Sam was about three years old she discovered that she was pregnant. At that point she decided to give up and return home. She separated permanently from her husband and subsequently divorced him. She had considered an abortion but decided against it. After an uneventful pregnancy she gave birth to a healthy girl. A few months after the birth Sam was sent to a Nursery School, he was nearly four when he proved unable to continue and she began to face the reality that he was badly disturbed.

Sam was a well-developed, handsome boy nearly four years old. Although he was well dressed, he appeared disheveled. Most striking was his aimless restlessness. He wandered loosely about the waiting room, focusing on nothing. His mother let him go freely. She became fearful that he would get into what he should not as he opened drawers and indiscriminately picked things up. Finally she went over to him and held him by the hand. She led him into the office. He would not permit his outer clothes to be removed. She sat down and he climbed on her as if she were a chair; he rubbed himself on her, stood on her lap, embraced her indiscriminately—the top of her head, her arm, waist—not affectionately but as if she were inanimate. As he stepped and clambered

over her, they both became disarranged like inanimate objects. The mother's only protest was, "Oh! you are such a big boy." He paid no attention to her remarks and continued as if he had heard nothing. She remarked that this was his usual behavior. As she pushed him off, he began to wander about as before.

My attempts to get his interest produced no visible response. He wandered about indifferently and, finally, sat by his mother. He paid no attention to the books and pictures I brought over, I had to turn the pages, toys made no impression either. After many trials during subsequent visits, one day he picked up clay balls I rolled to him and put them in his mouth. This was his first overt purposeful gesture.

Many hours spent with Sam were a repetition of the first visit. After some weeks he began to show one persistent wish. He would get into a dark closet and stay there. He finally permitted me to come in. When we were in there together, gradually, he began to rub his cheek on my coat, much as he had the fur coat in the past. By degrees he grew willing to leave the closet door open and eventually he gave up the closet and never returned again. After that the character of the visits began to change.

In the beginning, Sam ran about the room without seeming to pay attention to me. The only contact we had was when I intruded myself. Otherwise, he would go on evidently oblivious of me. He was intent on throwing things about and being destructive. Attempts to interest him in toys failed repeatedly. After remaining mute through many such hours he began to say, "It's a . . ." pointed to something and waited for me to say the rest. This, gradually, extended to more articles but always in the characteristic way. "It's a . . ." ? When I picked up and named the article without his lead, he would repeat my phrase automatically with my exact intonation. He would not touch an article which was not in the usual place, in fact, he would avoid it. For example, if candy that he liked was put in a different dish it would have to be replaced in its original one or he would whine and say nothing obviously very distressed. His activity was restricted to destructive stereotyped behavior. He was content only if everything remained in place.

At this stage he was trying to reduce my behavior to a stereotype, to what was predictable and, therefore, under control, even the level of my voice. I had to say things as he dictated, exactly as softly or loudly as he did. This was not obsessional repetition, it was pre-ritualistic.

At first when candy was on a desk, he would not take it until he told me to tell him to take it, then he would tear into it. Later he shifted to wanting me to hand it to him. He began to smear himself with chocolate and to empty every drawer he could find, saying, "Want to dump it—all

right?" I had to repeat, "all right" over and over until the proper tone was reached. He began to express an interest in my approval by testing what I would disapprove—no gesture, act or commendation was acceptable until he had tested it. The acts of trial and error had to be gone through before he could allow his impulses a direct expression. The symbolic meaning is obvious in his declarative statement 'Dump it—dump it—all right?' This was followed by, 'Don't want to go, don't want to go, want to live here'.

His first relations established the conditions he most wished for, the beginning of relationship through the mouth, then smearing and dumping everything out, finally begging to be allowed to remain with me.

The play which followed was focused on repetitiously demanding first that inanimate objects be discarded, then himself. He was to be thrown away into the grate, the fireplace, out the window, down the stairs, and so forth. He enjoyed the reassurance that I would not comply. Incidentally, he maintained all the routines possible, he telescoped all the previous play, the activity in the outer waiting room, of running out, the way his clothes were removed, the order of play activity. Having raced through all of these, he would settle down and take up new themes of play. The articles and toys in which he had showed an interest before, he now threw down and broke, and pretended to destroy by burning. After I made clear that I did not want to do this to him he said that he wanted to be thrown out the window. He concluded by pounding and beating himself.

Achieving the freedom to express his impulses in play, but without my compliance, marked a significant advance. For each movement forward test runs were done initially while at the same time the stereotypy was maintained. As his oral and anal play became freer, the stereotypes began to be somewhat symbolic, that is, he was able to compress them into what appeared to be a representation by racing through them. Instead of doing each bit of play discretely as he had earlier, he ran them all together until the individual parts lost their particular meaning while the whole act served the original purpose.

As a climax of his furious attacks on all the familiar articles, he took to beating himself. This was a rudiment of a sadomasochistic pattern, as yet not symbolic, still incorporative and expulsive. Self beating followed in regular sequence.

At home he awakened in the morning and ran into the mother's room, asking 'Are you going to . . . ?' waiting for his mother to shout my name, he repeated this several times during the day. He often played at home with the 'fuzzy' (fur) coat. As reported above, this began before

their return to the grandparents' home. He would get into the closet where the mother's fur coat hung, shut the door and remain there for hours. The mother knew that this was associated with his being upset. She tried to comfort him, but he wanted only to get into the closet. Often, after she had left the house and returned, he would not go to her but to her coat when she had hung it up.

Coincidentally with beating himself, two important events occurred. He destroyed all his possessions, disowned everything, and began to demand from his mother, "What belonged to him, what was his, whether the bed and other articles about the room were his own." She would have to repeat endlessly a list of articles that he would rattle off and to assure him that they were his own. The usual stereotypy characterized his exploration. The preoccupation with these things as his property extended to a concern about what was inside himself. He asked whether the food he ate was his own, whether his stools were his, whether he could eat them. He asked whether he could not eat his sister's food, his mother's food, and finally his sister and his mother. At home, he endlessly asked if houses, trees, stone walls could move away, and again he had to be repeatedly reassured they did not.

He spoke directly of the preoccupation with food and its fate. He began a stereotyped biting of his articles and at times bit his mother and talked of eating her. During his visits he included me in this process. One day he spontaneously said when he was busy reiterating what was his, going over his toys, "You are me and you are you" (I am you). The play during this period of his visits consisted of active licking and biting. His concentration shifted to designating first my things, then his, then chewing the articles which he had called mine, and following it with the ritual of toilet flushing. A new theme which he began was putting a peg (Tinker Toy) between his legs, then running to the toilet and flushing it.

Now for the first time he began to play openly with dolls. He designated dolls as representing his mother, sister, himself, and me, and attacked them all. He obliterated the mouths, then bit and chewed the heads. Each time when he went through the process of pretending to devour the dolls, he looked up expectantly and shouted, "All right?" He repeated his shouts until I said "All right" in a tone that satisfied him. He concluded with, "You are me and you are you!"

My repetition of words, sounds, and phrases, was at his demand and had to continue until my inflection and delivery closely approximated his own. Only when that point was reached would he permit the hour to terminate. The new elements introduced through the play with dolls were more than acting; they appeared to be a direct expression of what

he felt As the newer forms were introduced the old ones were not necessarily abandoned, they remained but were changed, so that they approximated symbolism His preoccupation with sizes differences and possessions, was compressed into a shorter time, he slurred them together in speech so that only familiarity with the performance made evident what they were He had, so to speak, been running the routine through like a movie at eight frames a second and now had increased the speed to thirty two frames

New themes appeared, such as putting us in twin beds and repeating over and over getting up in the morning dressing going to the bathroom having a large stool, and smearing his face with saliva This last act in particular persisted for some time Leave taking was increasingly painful, he wanted to remain longer each hour His play with inanimate objects was gradually replaced by more direct use of me The play with dolls changed, now they were animated, whereas previously they had been just articles with which he played as if they were so many bits and pieces These animated dolls were being gradually replaced by direct use of me, he addressed me directly for the first time and ordered me about through the repetition of words and sounds

As the control over dolls as well as over me increased, he began to concern himself more directly with his inner processes I have referred to his repeatedly expressed curiosity about the fate of food and stools Now he would often shout that he did not have to go to the bathroom Meanwhile, through the play with dolls he informed me that he was going to dress himself—mother was no longer to be permitted to perform this function though he had never before made an effort to do it alone At this time the ritual of comparisons was especially intense He said over and over, 'This is like that—that is like this' The emphasis was on sameness, similarity—no change or no difference I was forced to repeat monotonously after him exactly what he said, my repetition reinforcing his remarks Forced restraint of his functions and insistence that there be no change were so strong that he went through a great effort to keep from going to the bathroom He would squirm in agony and shout, 'No you don't! After a long time he came to regard using the bathroom as a form of mastery, finally, at what seemed the last moment before soiling or wetting himself, he would dash in and relieve himself

Another advance in development took place when he began pointing to an article and to a picture of it—a doll or a car and then its illustration—and naming a doll for himself and one for me With each he would say, 'This is real, this is not—that is a doll Sam and this is Sam. This is

doll Doctor and this is *real* Doctor' The tedious routines in other areas lessened

Singling out the mother doll, he became very aggressive toward her. With typical violence he sat on her, stepped, kicked, and finally destroyed her. He took out the longest peg he could find, put it on the inner side of his thigh between his legs, then went on to scream that it was not different from the others, nor were the pictures from the objects. With the doll and with all the other articles there was no distinction between the real and the picture. Thus a new stereotypy developed naming all the previous articles he had used from the beginning and emphatically denying the differences. I had to race along with him to reinforce his denials. Associated with this was the vigorous smearing of his face with spittle. He had to exhibit the denial so emphatically that he became breathless and hoarse as he hurried from one thing to another, shouting, "This is like that, and this is like this, that's the same as this, this is the same as that! Much later and after many hours during which I had reassured him that changes and differences were not always dangerous, he added one final element. But this one is different, all right!" I had to echo 'all right'. Then we had to repeat the whole performance over and over.

A series of similar hours followed. He was unresponsive to anything outside as this behavior continued in a high pitched frenzy. I had to repeat all right with appropriate emphasis. He became more excited, squirmed and writhed, clutched his penis and shouted that things would not change. The need to urinate put him in a fury. He smashed toys indiscriminately and when it seemed impossible to endure longer he dashed to the bathroom and screamed, 'Don't want it [urine] to come out—hold it in!' The penis was often erect and on these occasions he added, 'Want it small!' Then he returned to the playroom, found clay, made it into a 'snake' and tore it to pieces. He became very provoking and made repeated efforts to make me angry and force me to punish him. The smearing with spittle was at its height.

At home, his mother reported, he alternated between provocation and exemplary behavior, self accusation and denial. He vacillated between attacking her openly and being solicitous. He insisted that he was bad, frankly demanded punishment and banged himself. He asked his mother to cut off his finger and he himself cut off his hair. Masturbation was intense, frequent, and obvious.

He continued for a time to beat himself and tore his hair in hand fulls. During this period his behavior at home was constant play in the bathroom, flushing the toilet and taking it apart, exhibiting his genitals,

and playing with the garden hose. He picked many things to do with which the mother was sure to interfere directly. During his visits, he would want to do things that definitely required me to restrict him. He gradually began to propose that I stop him from doing them, then he would stop himself. After a time all open direct expressions were converted into a game. When he shifted the activity into play with dolls, the attacks on himself abated. Through doing this he was led to assert that sizes varied, he compared real drawers of a chest with toy bureaus and, with pride and without the need for my confirmation, confidently established what was real and what was "pretend."

He continued with demands that he be controlled and seemed afraid of being left alone. As he became more practiced and confident he began a new bit of play. Before he had never ventured out of the office, now he began to express curiosity about the furnace pipes and the mechanics of the drainage system in the bathroom. He expressed a similar curiosity about me: where did I live, with whom, what kind of home. He compared various articles such as chairs, pencils, pipes, and books to those at home and said he preferred mine. This was followed by sitting in my chair, speaking of the time when he was going to be big like me and pretending to smoke my pipes.

A story, "Little Karl's Horse,"¹ served to bring out spontaneously that his sister had no penis. The inevitable questions about the lack of a penis in girls were repeated and rehearsed. The interest in me was mobilized further. His mother believed that at times he really controlled himself now. He often made her sit down while he reminisced about when he was little and about places they lived when he was two and a half and three—a period during which he had made no effort to communicate. It upset her to realize how vivid and accurate his memory was.

His play no longer was confined to the office: the building, the pipes, holes, and furnace rooms, were more important. While his interest in me was manifest, he one day asked if I would stick him with needles and said that he wanted me to do it. Also, "Want you to take temperature, want you to stick in the temperature and want to say, 'ah!'" The *Little Karl Story*² served as a justification for inquiring about erections. He asked whether his penis would grow as he grew, what made it bigger by itself, was I bigger than his grandfather—always comparing himself

¹ "Little Karl's Horse" is a story of a little boy who is given a small wooden horse; he goes to sleep and dreams the horse grows big enough to ride on; on horseback he goes off to see a princess who happily receives and admires him. He awakens to find his horse the small one he went to sleep with.—*Karl's Wooden Horse*. A Swedish Toy in Action. Pictures by Annie Bergmann. Story by Lili Donaldson. Chicago: Albert Whitman and Company, 1931.

Sometimes he attacked himself, whined, cried, kicked off his shoes, tore his pants threw away toys, wanted to be thrown out himself and, finally, began baby talk and asked me to carry him about. I did not support his wishes.

At this time his mother decided to marry again. Sam had known about it for a few months. We talked about his mother's wish for a husband, while he played with a baby doll. He suddenly said that he wanted no new father and no new baby. He immediately wondered how his mother would be different and whether there would be another baby.

The mechanics of the water closet, how it emptied and filled, and how the valves shut off, became important to the exclusion of all else. We spent weeks working in the tank of the toilet, disassembling and reassembling it innumerable times. He was openly jealous of his new father and of his mother, he did not want her to have a husband and he did not want a new father in the house. He became fearful that he would be sent away for being bad. He was provoking and at the same time afraid of being replaced. He was afraid the new man would punish him, and finally admitted that he wanted him to do it.

His mother married during this period. His fears continued for many weeks. However, the step-father was warm, kind and understanding; he worked hard to develop a relationship with the boy. It came about very slowly. Meanwhile Sam began school, this time with some success.

The relative absence of the mothering process established the social isolation of the child very early. It was also continuous from the time the child was about three or four months old. The mother was overwhelmingly preoccupied with her own problems. Her repeated disappearance supported his isolated state. She was replaced by the rigid, aggressive grandmother who supervised his care until he was one and a half years old. The eighteen months that followed until the child was about three, when he returned home, were a period during which a series of indifferent servants offered no relief from the lack of mothering and the absence of a stable object. There was a progressive withdrawal from reality and from people and at the same time a heightened preoccupation with himself. The apparent passivity of this state increased as emotional neglect and hostility continued. He had good physical care, though with restraint, but deprivation of object pleasure and probably other disagreeable experiences were a regular occurrence.

The mother revealed herself to be an intelligent woman, injured by her husband's infidelity and abuse. She tried unsuccessfully to restore her

self-esteem. She felt that she constantly gave in to everyone. Behind this feeling, however, she was in a persistent sadistic fury.

When the child came for treatment, only rudimentary ego functions were evident. The kind of attachment he had to his mother was the prototype of all his social relations. He showed from the beginning that he regarded her as an inanimate object, and actually he was attached not to her but to her fur coat. He developed an attachment for my coat much as he did for hers. For a long time he derived comfort from both these articles. It was only after I went into the closet like a coat that he began to establish a relationship with me personally. He sought animate objects in their inanimate representations. This appears to have a superficial fetishistic quality, but actually his ego functions had not developed sufficiently for fetishism. The basic aim was more primitive, it was to immobilize a part of the mother which he could have, hold, and not lose.

How he arrived at this final solution can be understood by examining the course which treatment followed. There was an intense preoccupation with establishing a fixed order about himself. He attempted to achieve one by stabilizing everything. There could be no changes, no differences, dissimilarities or strangeness. Everything had to be reduced to a stereotype. This contented him. Monotony, tedious repetition, and stereotypy, became his comfort as he reduced the world around himself to a fixed, lifeless and, therefore, highly predictable static system. His concern, however, was not limited to the environment. Everything within himself as well had to be static.

While he attempted to make the milieu permanent and fixed, his aim was to achieve similar mastery over himself by means of his primitive behavior. Associated with this was indiscriminate voracious oral activity and his anxiety about his stools and their being lost. He did not distinguish between himself and what he expelled, and he felt in the discarding of excrement a threat to his being similarly dealt with. He wanted to keep his stools. By the drive first to disown everything and then to repossess it, he displayed the fear of losing it and, thus, the need of having and holding on to it.

He advanced from one phase to another by means of countless stereotyped efforts. He acted out the entire complex, internalized by his preoccupation with cannibalistic and coprophagic fantasies. Any part represented the whole, his fears for himself were indistinguishable from the fate of his feces. When he was convinced, although tentatively, that he would be neither discarded nor destroyed and found that he could play the same thing out with his stools and toys without any danger to himself, his anxiety diminished.

The whole pattern of behavior followed strict stereotypes. He had partially replaced the preverbal act by a representation of it in words, but he nevertheless adhered to the stereotype. He developed patterns of behavior from the fixed configuration of play, which thus became the foundation for crude symbolic representations of the entire complex.

The highly constructive nature of his play was not restricted to objects, inanimate or otherwise, but invariably ended by including himself. He seemed to be just as subject to his impulses as the objects he attacked. In this way he was in as great a danger as the objects he destroyed. In this phase it seemed that the quality of his relationships was expressed in many forms. The predominant quality was the necessity of control over every live or inanimate object and over himself. He expressed it in two ways: by oral incorporation, hence, fusing objects with himself, and so making them inanimate. This led to the next phase in which he had to have complete control over his own inner processes. It began with absolute denial of differences between real things and facsimiles and insistence on sameness and similarities. He allowed no exceptions. Control over involuntary functions became essential and represented the most acute expression of the tyranny he demanded over his inner processes. No doubt, the ends of curiosity were served by this preoccupation with his inner functions. He was establishing his own ego boundaries as he familiarized himself with his physiology. His fundamental intention was to deal with the inner processes as he had done with external realities. In this way he could immobilize those processes over which he had little or no control. The aims which he directed inward were the same as those which he had directed outward. The excreta, a part of himself, appeared to him as if they were autonomous. His reaction was similar to his old closet performance—as if he were his own dark closet, holding on to the excreta and rubbing it on himself as he had done with the fur coat. He had done the same in his withdrawn and preoccupied state, when he rubbed spittle on himself, when he held on to his urine until he was in agony, when he wanted to preserve the stools and not flush them away, or when he was in a fury at his penis which by erection had established its autonomy and escaped his control. In these emotional crises he screamed out against change and dissimilarity.

As he partially gave up trying to keep things by incorporation, control, and immobilization, he got away somewhat from the direct gratification of his impulses. It was a step in the direction of reality.

He began to change in other ways. He now felt the need to distinguish real objects from representations of them. Up to this point his only interest had been to keep the facsimile and the object fused, so that they

were indistinguishable, now he began to separate them. The next step was to express the same feelings directly without the use of props. He turned directly to his mother, but he wanted her to take over the controls and demanded that she reinforce them as he had done. This was the beginning of the dissolution of his isolation. When he animated his mother he began to express castration fears.

Such fears entered into his relationships with his sister and me as well as with his mother, and he disposed of them by the device we have seen by making us an extension of himself. A recapitulation of his entire development followed. Thus he tried to control his oedipal wishes and his castration anxieties that were completely represented in ritual and symbol. This time, however, although loss and separation had the old overtones, they were focused on the loss of the penis. The castration complex by its obvious implications typified his past experience and gave a particular intensity to the sadomasochistic behavior. At this phase of development, the mother's remarriage brought out fears that his new father would retaliate in full for the oedipal wishes, fears that a new baby would come from the marriage, fears that his mother would not want him and would prefer his sister and that it would be better to be a girl, or that he would be sent away. He was strongly identified with his mother and sister. Thus the marriage reactivated the basic fear of change. He was forced to express it in the pattern that had been formed long before. Nevertheless the intensity and degree of disturbance was considerably reduced. He had become a very neurotic boy.²

In studies of such disturbed children, the chief emphasis has usually been placed on ego development—or rather on its failure. Object deprivation has been considered the cause of failure, and the mother has been considered the central object.

There is a difference which common definitions of object deprivation fail to take into account. During the oedipal phase the object most valued is invested with object libido, whereas in the pregenital period the same object has primarily a narcissistic cathexis. The confusion comes from assuming that object loss in one phase of development has the same dynamic significance that it had in an earlier phase; this is indicated in the work of Spitz (1946). It is true that the shadow of the object falls on

² Psychoanalysis continued approximately four years. He was seen less frequently although regularly during the two years that followed. And since he was about ten years old he has been seen periodically. He has steadily progressed at school scholastically; his social relations although limited have nevertheless proceeded despite short periods when he would isolate himself.

The whole pattern of behavior followed strict stereotypes. He had partially replaced the preverbal act by a representation of it in words, but he nevertheless adhered to the stereotype. He developed patterns of behavior from the fixed configuration of play, which thus became the foundation for crude symbolic representations of the entire complex.

The highly constructive nature of his play was not restricted to objects, inanimate or otherwise, but invariably ended by including himself. He seemed to be just as subject to his impulses as the objects he attacked. In this way he was in as great a danger as the objects he destroyed. In this phase it seemed that the quality of his relationships was expressed in many forms. The predominant quality was the necessity of control over every live or inanimate object and over himself. He expressed it in two ways: by oral incorporation, hence, fusing objects with himself, and so making them inanimate. This led to the next phase in which he had to have complete control over his own inner processes. It began with absolute denial of differences between real things and facsimiles and insistence on sameness and similarities. He allowed no exceptions. Control over involuntary functions became essential and represented the most acute expression of the tyranny he demanded over his inner processes. No doubt, the ends of curiosity were served by this preoccupation with his inner functions. He was establishing his own ego boundaries as he familiarized himself with his physiology. His fundamental intention was to deal with the inner processes as he had done with external realities. In this way he could immobilize those processes over which he had little or no control. The aims which he directed inward were the same as those which he had directed outward. The excreta, a part of himself, appeared to him as if they were autonomous. His reaction was similar to his old closet performance—as if he were his own dark closet, holding on to the excreta and rubbing it on himself as he had done with the fur coat. He had done the same in his withdrawn and preoccupied state, when he rubbed spittle on himself, when he held on to his urine until he was in agony, when he wanted to preserve the stools and not flush them away, or when he was in a fury at his penis which by erection had established its autonomy and escaped his control. In these emotional crises he screamed out against change and dissimilarity.

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He began to change in other ways. He now felt the need to distinguish real objects from representations of them. Up to this point his only interest had been to keep the facsimile and the object fused, so that they

the ego when object loss occurs during the oedipal period and there after, but in the earlier phases it falls heavily on the id as well

As I stated at the outset, the survival of the ego depends on the establishment of object relations. When they are disrupted by loss, separation or neglect, the disturbance results in a failure of the primary process to develop to the secondary, of the pleasure principle to be superseded by the reality principle, and of narcissistic libido to be transformed to object libido. Ego differentiation accordingly suffers. All these vital processes necessary to the progress of psychic development are arrested. This clearly demonstrates that the young child cannot achieve these transformations by himself. Just as he is unable to care for himself physically, so he is unable to care for himself psychically. An object to help him is indispensable. When this central figure is absent—either in fact or in fantasy, and it seems to make little difference which—the final result for practical purposes is the same: the child is abandoned to his own devices. They are patently inadequate to meet the needs which psychic development requires. Clearly the loss of an object at a time when development is relatively complete cannot have the same effect as such a loss in the earliest stages.

The case cited here is representative of an important group, and it offers some understanding of the earliest development of reactions to the loss of a central important object. Manifestly, a progressive and irrevocable withdrawal from reality was associated with repeated separation and losses. The ensuing reaction was an attempt of the ego to influence the total environment, the unstable object. The effort was to immobilize it. Immobilization was sought in two ways, by reducing the child's activity and trying to convert the activity of all objects to a stereotype and by making an inanimate facsimile of the elusive central object and attaching itself to it. In this way the changing environment was stabilized and the lost object restored. Subject to the trauma of repeated loss and separation, objects that seemed animated, changing, and unpredictable, were converted to a lifeless state over which control could then be exerted. It appears that cathexes shifted from live objects to immobile and lifeless ones.

It suggests that in the earliest phases of psychic development the attachment to an object is to its parts. We have been apt to believe that this occurs because the infant cannot yet encompass the whole object and regards a part as an extension of itself, but an additional function as well seems to be served. The infantile ego fixes upon a part of the object that it can have and hold to in order to stabilize it and avoid suffering the threat of its loss. We can readily appreciate that it is the

part of the mother which can be held on to which serves as restitution for the loss that separation would create. In this way the loss is compensated. The inanimate substitute is not merely an effigy of the mother; the aim is to have an inanimate mother who will not threaten loss.

In the interest of the narcissistic organization of the ego, libido cathexes at this phase of development cannot be expended for very long. They are withdrawn from the elusive, lost object and are redirected toward the self, but evidently only to a degree. Strong cathexes, or powerful "pseudopodia," as Freud called them, are not apt to occur in earliest childhood, the narcissistic libido is too dominant. However, another consideration is suggested by this case, *i.e.*, that the cathexes are still "put out," but toward an object which is not so apt to be lost, so that they will not be fruitlessly expended. They are extended toward an inanimate object, one that is not unpredictable and so can be adhered to, and thus restitution is made. The object cannot be lost altogether. The real one may be repudiated and discarded but its substitute, the inanimate object, replaces it. The real object is forsaken as frustrating. The sadistic tendencies toward it are necessarily mobilized and gratified by hatred (Freud, 1914, 1915).

The child's fears that he was worthless and in danger of being discarded raised the most provoking feelings not only toward the object, but toward himself as well. The repeated separation or neglect by the object reaffirmed that the object did not value him enough to remain. Repeated testing of the object's regard, which inevitably followed, confirmed the conviction that he was not worth consideration and should be discarded. The result was that the loss of the object was accompanied by devaluing himself and projecting this denigration on the object.

Two considerations immediately come to mind that the loss is not entirely an unconscious one—there is no past, this is present reality—and the consequent forfeiture of self esteem closely resembles mourning or grief and melancholia in which the ego is impoverished. Freud's (1915) description of melancholia suggests the similarity. He reproaches himself, vilifies himself and expects to be cast out and chastised. This presupposes some degree of ego development, which can occur only later in childhood. Although some characteristics of this disorder in the young child resemble grief and others melancholia, the disorder occurs during a narcissistic phase of development and not as a regression. Unlike melancholia the self criticism does not extend back over the past but is confined to the present. As in melancholia "the reproaches are against the loved object to which the libido had attached itself," but here narcissistic libido and not object libido is involved in the withdrawal and,

therefore, a particularly heightened narcissism results. Unlike the melancholic, "whose object cathexes being weak regress to narcissism," this is the present state of object relations rather than a regressive one. The child does not "substitute identification for object love or regress from one type of object choice to the primal narcissism" (Freud, 1917), but rather he is in the narcissistic oral phase and does not regress to it. Hence, the problem may be defined as the loss of the important object during the narcissistic phase or before narcissistic libido has been in any great measure transformed into object libido. As in the melancholic the identification is narcissistic and the ambivalence is preponderantly weighted in favor of sadism. Both are present here, but again not as regressive phenomena. The presence of murderous impulses toward the mother and a high degree of self-destructive behavior bear out the similarity. The abolition of the hated object does not leave the child without an object altogether, nor does taking itself as an object apparently suffice, since a substitute is sought. In grief or mourning reality renders its verdict, as Freud pointed out, that the object no longer exists. In this instance it does not.

Two courses are open to the child: an increase or heightened narcissism and a turning away from reality. It seems that he takes both. The object is reinstated by restitution and fixed by being made inanimate. The real significance of the attachment to the fur coat, the child's most manifest symptom and one which contains the kernel of his disorder, is revealed. The real object is relinquished and the liabilities which the live object carried with it are avoided. When he turns away from the real object he sacrifices reality, and restores the object in fantasy. These changes do not seem to be made by regression, rather the phase of early development in which object loss occurs is a receptive one, fertile ground for producing a state like a psychosis in which the principal work is the attempt at restitution for the lost object. Reality testing has to be foregone to pursue this end, in the service of which orality becomes an intensified process. Just as a relationship to inanimate objects is characteristic of these cases, so is oral behavior. It appears that an amalgamation with the lost object is attempted through this avenue as well as through the other and may in fact precede it. He no longer distinguishes between reality and himself. The self too must be immobilized. He feels in as much danger from mobile inner processes as from changes of the outer world. A tyrannical control is sought over the inner processes, an immobilization of functions whose incessant autonomous activity threaten him by stimulating fantasies of loss.

An ordinarily neglected factor is the consistent report that these

children receive good physical care. Granting that this is a difficult and perhaps not even a measurable consideration, these children are not as a rule physically neglected. In fact, the early history regularly reveals that often more than ordinary attention was paid to their physical needs. From a psychodynamic point of view the significance of this finding has received little or no attention. It calls to mind that a singular source of pleasure which the object provided was one which would have its greatest appeal in the narcissistic phase of development. The object, although otherwise frustrating, is often a source of sensual pleasure. Here as elsewhere narcissism is heightened and little inducement is offered to transform the hatred of the object into love, and the object although providing some autoerotic pleasure promotes a primarily narcissistic relationship. The effect, therefore, is to force the relationship to remain fixed at that level. From this aspect as in the others a wider breach between the object and the ego is fostered. It is accomplished by withdrawal associated with the activation of destructive impulses to rid the infantile ego of the abhorrent object in its attempt at self preservation (Freud, 1917). Primitive identification, a relinquishing of reality, and restitution, all work, on the one hand, to abolish the unreliable object, and, on the other, to fulfill the wish for the object which, although destroyed, is re-established. The instincts of self preservation are gratified.

This paper has emphasized the central role of the mother but has not concerned itself with her character or her conflicts. Clearly her personality is a force that affects the child's disorder and the course of her treatment is important. A study of the mother, however, would probably belong to another paper; as would the fact that the father is not a substitute for her. Here the focus is on the child. We have too often tended to think of the child's disorder as merely reflecting the mother's conflicts—unquestionably, it often does reflect them—but we must not overlook the fact that the child has an autonomous psychic life of his own. The trauma to which the child is exposed has been repeatedly defined in the literature. Here the effort is to show how he integrates it in terms of his own psychic economy. These cases resemble depression or melancholia in many ways, as well as grief and schizophrenia, and they show developmental disorders as well. The essence of these cases is that the loss of an object or separation from it or an empty neglected relationship with it, is coincident with a particular phase of infantile development. These two factors taken grossly seem to produce an aberration in development, a sacrifice of reality, and particularly a unique restitution of the lost object. The resemblance of this disorder to psychotic

states ends with the fact that it is not based on regression. If there is a single characteristic on which the entire disorder can be said to rest, it is the attempted restitution of the lost object. What we see here is the effect of losing, or being separated from, or neglected by, a central important object during infancy and in the pregenital period, and efforts of the immature psychic system to restore the object in order to preserve itself. Heretofore, we have understood that as the importance of real objects diminishes, a corresponding increase in narcissism occurs. Freud repeatedly showed that one takes oneself as an object to make good the loss. This case indicates that increased narcissism is not enough in itself and suggests that something further occurs.

Perhaps the primary narcissistic state is only a theoretical moment in the early life of the infant. Thereafter he exists exclusively in relation to an object and it seems that the ego instincts have this as their aim. The young child cannot achieve this aim by taking itself solely as an object. Instead, cathexes are put forth again, but this time differently, the object is restored somewhat as it is in hallucinatory wish fulfillment. Conditions are created which permit the needs of the instincts to be satisfied. In the fur coat, the narcissistic self has a resurrected inanimate object that will not go away and cannot be lost. Thus, the closed system of having an object is re-established, cathexes are directed toward it, and the ego instincts are gratified. The object must be restored at any cost, even at the sacrifice of reality.

It is a well known fact that in those adult conditions where reality has been given up there is an immediate attempt to restore the lost objects in fantasy. In adults this process is regressive but there seems to be a period of childhood when it is an active mechanism.

It is likely that all children fear the loss of the central objects in whom their libido is invested. Probably, then, it is a common experience of early childhood that may even be universal. It is a rare child that has not had some blanket, doll, rag, fur, amulet or other inanimate object for which he developed a great attachment. All these attempts are efforts to gratify the ego instincts by means of an object that will neither be lost nor go away of its own accord. Similarly, when these instincts are threatened with frustration of a protracted sort the establishment of some inanimate object like the fur piece would be a permanent restoration and gratification. Later in life under conditions when central objects are lost the same amulets and mementos reappear. They are preserved to hold on to the object in addition to doing the same thing by identification with the lost object.

The disorder described here differs in degree and to the extent to

which it pervades. In this instance, it is probably the most severe type since it occurred during early childhood rather than as a regressive phenomenon in adult life. It seems that the human organism cannot be without an object and when loss occurs it can find only a partial compensation in itself. It always restores the object. The ego instincts never give up an original aim. To have an object, however, they may be forced to modify it.

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CLINICAL PROBLEMS

FRAGMENT OF AN ANALYSIS OF AN OBSESSIONAL CHILD

The First Six Months of Analysis¹

By BERTA BORNSTEIN (New York)

The following presentation was originally meant for a group of child analysts whose approach to psychoanalytic therapy for children varies greatly. In order to facilitate a future discussion on advantages or disadvantages of various techniques I was asked to present material from the case of a child who was definitely in analysis but not for too long a period. The presentation of a fragment of an analysis is of necessity without conclusions though not without implications. The original aim of this paper explains why certain aspects of technique are dealt with even though they do not represent any particular problematic issues.

The case of Sherry seemed to me to be particularly suitable for such a presentation because the child's desire for treatment and her unusual co-operation made for a smooth course of analysis. Thus the first six months of her analysis were unusual in that they did not show the initial difficulties which are almost always present.

I will eliminate the traditional developmental history and the description of the child's milieu. I think the material itself will give a better description of the child and her life than I could do in a brief summary.

Sherry is now eight years old. Shortly after the birth of her younger sister Ann when Sherry was four years and three months old she developed insomnia and fear of death symptoms which reached a height six months later. Sherry has known me from two visits at the age of six when her parents brought her to me for advice on how to cope with her symptoms. I advised analysis at that time the parents however decided against it. The two preanalytic sessions when the parents were deliberating treatment will be referred to later.

While the child feared her father she had a very close relationship with her

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mother. Her older sister, aged eleven, had been in analysis with me for about a year when Sherry started treatment.

One of the exceptional things about Sherry was her eagerness to come for analysis. She had been impatiently waiting for relief from her fear of death. Her older sister, as Sherry said, could enjoy her summer vacation, whereas she herself had been unhappy.

Without being asked, Sherry told me in her first session that her fears were always worse when her mother was absent, although "Mommy cannot do anything much about it either." Having very seriously reported her symptoms, she seemed exhausted from the account.

In the first hour we see the nucleus of her neurosis. Her predilection for uncertainty and doubt in regard to life and death reflects her strong ambivalence, characteristic of obsessive neurosis. Her strongly marked tendency to doubt made it necessary to desist from interpretations, despite the fact that Sherry was aware of her conflicts, could verbalize them, and consciously desired to be freed from her symptoms.

Although she knew from her sister that one could play in analysis, she hesitated and needed some encouragement before she investigated a toy garage. She began to play by developing a plot for a car accident. In one of the cars she put a "married couple"; she called the wife by her mother's name—the husband had no name. Only after she had decided that the wife was not going to be hurt in the collision, did she dare to let the cars really collide; she immediately called for the doctor who stated that the wife was not hurt. There was some vagueness about the husband's condition. The diagnoses ranged from "death, injury, fainting spell," to "he is just tired out." Eventually I learned that the husband had only pretended that something was wrong with him. The whole accident was declared to be a joke!

Soon, however, Sherry felt compelled to return to the scene of the accident, and again to revise her solution. "Let's make believe that nobody is injured, not a single person; only the cars are terribly damaged." Now a truck driver bearing her father's name was made responsible for the chain of accidents. No sooner had she said so, than the truck driver's name was again changed, this time to a name indifferent to her. The truck driver insisted on his innocence and accused the owner of the last car of being at fault. This guilty man was now made to bear her father's name. But as if she could not endure to have her father's name connected with guilt, she introduced a new variation into her play. "Let's play that no person is responsible for the accident, and no person talks in our game, only the cars." She took over "the voice of the car." The car behaved as the driver had in the previous episode. Many times it said, "I am not guilty, I was speeding. I couldn't stop, I had so much anger!" And to my question for the reason for its anger, the car replied in a whiny voice: "I couldn't help it, I didn't know what to do. I knew my master was poisoning me. He gave me orange

juice plenty of orange juice and he said that this is the finest oil for cars. But orange juice is poison for cars—it makes them temperous.

Here she interrupted the game and asked: How do we know that we really are? Does a car know whether it is real or not? But if the car does not know that it is real then it does not know what it is doing. Maybe it does not exist.

She ended the session with the confession that she sometimes doubted her own existence. How does one really know that one is here on this place and not anywhere else? These questions at times bothered her almost as badly as the death fear.

I will single out from the first session those play actions which are directly related to the child's neurosis. The symbolic content of her play reveals the sadistic concept of her parents' sexual activities: the collision of the cars, the father's poisoning the car with orange juice, show the dangers which she associated with intercourse and oral impregnation. The theme of birth was omitted in her play. It was only expressed by its opposite: the theme of death.

Her inability to find names other than those of her parents indicates that her incestuous wishes—though probably repressed—have not yet completely succumbed to distortion. They are discernible in her play although disguised in regressive terms. The father poisons the car and it is the father who is made to die in the collision. The aggressive impulse against the mother is not overtly displayed in the game. As a matter of fact she could only stage the collision after she had reassured herself that the wife will remain completely uninjured. We get here a glimpse of the strength of her reaction formation against the aggression directed toward her mother. Her ambivalence, however, is so strong that her constant efforts to undo the aggression do not suffice at least not in regard to the father. What was meant to be warded off reappears in her indecision as to who should be the one to be hurt and who should do the hurting. It turned out that in the end the father was cast into the role of both. He was the victim of aggression (he died in the accident) and he was also the aggressor who was held responsible for the damage to the cars.

Whatever unconscious meaning Sherry may attach to hostility—whether it stems from true or libidinalized aggression—her feelings of guilt were aroused and demanded further defensive measures. As one of these measures she attempted the transformation from animate to inanimate objects as if by this means her ego could escape feelings of guilt. This transformation from animate to inanimate objects is carried on the one hand by her aggressive drives and on the other by her unconscious libidinal impulses (the desire for impregnation by the father). Since pre-

cisely those impulses which were to be warded off break through in this very defense, this device, also fails. Conscious feelings of guilt interfere with her play, brooding sets in. She ruminates about the reality of life. By her growing doubt about the reality of existence she tries to eliminate the responsibility for the consequences of her thoughts and deeds.

The rest of this presentation will focus on the vicissitudes of the patient's aggressive impulses, her defenses against them, and the ways in which they were approached.

It was surprising that Sherry's symptoms—fear of death, insomnia, doubting and brooding—subsided during the first weeks. The parents reported that from the first day of her analysis Sherry was in an elated mood, anticipated every session with pleasure and hope, and was very proud of being analyzed. She was on her best behavior, made an effort to stop dawdling, and was helpful and considerate toward her little sister.

Sherry's feeling of relief was due to the fact that she had dared to give vent to her resentment against former nurses, who, as she believed, had always interfered with her desire to be with her mother. She expressed her gratitude toward me, because she believed that it was under my influence, prior to her analysis, that her mother had dismissed the nurse, whom Sherry had despised and hated most. . . . and you did it before you even knew me!

Her grateful acknowledgment of what the analysis had done for her even before she was in treatment and her exaggerated belief in the therapeutic power of analysis were aimed at enlisting the analyst's help, which was to convince her mother that no new governess should be employed. This connection was made clear to the child. I hinted at the difficulty of loving and admiring a person all the time and warned her that her exaggerated efforts at 'being good' might not be kept up indefinitely. Thereupon Sherry enumerated the children in her class, dividing them into good ones and those who were bad, or 'nuts' and 'crazy.' She declared the boys in her class to be worse than the girls. Her delight in describing the badness of 'the worst boy' in her class betrayed that she could at least vicariously enjoy what she considered 'badness.' She mentioned that her father and her older sister had bad tempers. 'My Daddy in funny ways. He gets angry if he loses a hair of his head. But if the whole house blows up into pieces, he wouldn't say anything! (By the way, the child has given an accurate description of her father.)'

I inquired about her relationship to herself. Was she sometimes as discontented with herself as she was with others? She answered by draw-

ing a picture which she called 'Sandy in Dress and Sandy in Pants' (Fig 1) This picture of the child she called 'Sandy' describes her inner battle Sandy in Dress says, 'I will tell her' Sandy in Pants says, 'I will not tell her' (This remark—as some of you might think—does not refer to the basic rule, but rather to a conflict to which I will return)

During the following two months Sherry's analysis centered around her relationship to her younger sister, Ann who at that time also had some difficulty in falling asleep Telling me about the sister's symptoms, Sherry taught me her own theories on the development of her anxiety She had definite and firm ideas on how to help her little sister one should never tell her anything that she might misunderstand, for instance, such frightening stories as Hansel and Gretel or Snow White She also advised her mother—who followed her advice—to leave the light on in Ann's room and to keep her company until Ann fell asleep Only after questioning Sherry, we learned that nobody had ever treated her that gently and with so much understanding She is not aware of any jealousy toward Ann who, due to Sherry, has a much better life than she herself

From the abundant material during this period of her analysis, I will choose her first dream which illustrates the complicated relationship which Sherry had developed toward this younger sister and her parents
Sherry's nightmare

I saw a crocodile or alligator and I was in a small sort of cabin The crocodile stuck his head between the bars and that looked funny And the crocodile kept on moving from side to side and I kept on jumping from side to side too And finally he got me And instead of biting a chunk out of me a sort of tooth stuck in me And I tried to pull it out and I did not succeed Then we went to supper and then I woke up

Before giving you the child's associations to this dream I will tell you about the preceding day which supplied the day residues for the 'alligator dream' (as Sherry referred to it)

It was a Sunday morning when the parents, in need of sleep had withdrawn to their bedroom after breakfast, asking the children not to disturb them The children had expected to spend the Sunday morning with their parents, as they usually did, and were somewhat disappointed Sherry was the only one in the household who could manage to keep Ann quiet and to prevent her from going into the parents' bedroom No doubt Sherry's effort to control the sister facilitated also her self-control in regard to her own curiosity and jealousy Both as we learn from the dream, were aroused by the parents withdrawal into the bedroom.

As I was told by the parents, Sherry had maintained a particularly friendly relationship with her mother during the course of this day, not so, however, with Ann. In the afternoon Sherry mercilessly teased Ann: "Daddy loves me better than he loves you. After all, he knows me better than you. I was here earlier, I was born earlier than you!"

These remarks as well as the subsequent behavior toward the father were surprising, because, as I have already pointed out, she had previously appeared distant and afraid of her father. However, on this particular day she kept him and herself in a constant state of excitement. She provoked him to ask for a kiss only to refuse it. When he reached out for her, she coquettishly ran away or threw herself on the floor. While pretending to need her father's help she invariably grabbed his leg when he approached her as if she wanted to hurt him.

As the first association to the dream Sherry referred to a forgotten detail: "In that cabin there was a little girl with me. I don't know her name. She was about the size of me and eight years old. But we were very small, a little bigger than a baby." She wondered how it was possible that a mother could give birth to three children at once. "Three eggs can't be in Mommy's vagina. Only one egg can be in Mommy." After a long pause, while handling and admiring the most minute of my toys, she said decidedly, as if summarizing her conclusions: "The babies weren't any place." I asked jokingly: "Where do they come from?" With a mischievous expression, she retorted: "They are in Heaven." My response that Heaven apparently is not only a place for dead but also for for unborn children was accepted in good humor.

However, the next chain of associations showed her intolerance against the awareness of her jealousy, even if expressed in the guise of humor. Her ambivalence became apparent in her meditations on the advantages and disadvantages of being a twin. "If I were a twin, I would rather be separated. But now since I am not a twin, I would like it to be." She never met triplets. She just wonders whether twins and triplets quarrel like other children?

She and her girl friend, in play had pretended that their dolls got babies at exactly the same moment. "I'm so glad that I have twins!" they both said at the same time for their dolls. Sherry still remembered that once after she had played this game with her friend, she could not fall asleep because a tooth hurt her. It was "half out and half it stuck inside my gum." Her mother could not find anything; though, as she said, her tooth *cut* her gum. "Next morning there was no new tooth there and the toothache was gone." We sense her disappointment about the tooth which caused pain and did not produce anything new.

This leads directly to the nasty alligator who stuck a sort of tooth in her which she tried to pull out. To this dream element she associated the story of the heartless killer named Jack who killed everybody except himself. It was told to her by the worst boy at school.

The wish fulfillment in this dream is evident. The dream gratifies the child's wish for repetition and continuation of the love play with her father from the preceding day. It is noteworthy that the action of the alligator dream is almost identical with the action of the scene with her father as he described it to me. The alligator apparently represents the attacking man and also the patient herself who actually grabbed her father's leg. In the dream however instead of biting a chunk out of her the alligator stuck a sort of tooth into her which she did not succeed in pulling out.

Furthermore the dream gratified her wish that she and her mother should give birth simultaneously to a child just as the dolls did in her play with the friend. For further reference we will keep in mind the equation tooth penis child and that the pulling of a tooth in dreams often represents masturbation and castration simultaneously.

Neither Sherry's incestuous wish nor her penis envy and oral aggressive impulses were interpreted. I interpreted only the following themes: her attempt to ward off jealousy toward the sister and mother; the wish fulfillment to continue roughhousing with her father; and her wish to have a child of her own. I told Sherry that the very last part of her dream—which she had almost forgotten—showed us a solution for her need to dispense with her jealousy: to live in the very small cabin with another little girl (actually being a baby twin in her mother). Then she would not need to be jealous. She would not need to be curious either, being almost one with her mother; she would always know what father and mother were doing. Didn't she remember how hard it was to keep little Ann out of her parents' room? Wasn't she by any chance just as curious and restless as Ann was?

The patient's reaction to this dream interpretation came the next day. Spontaneously she drew a picture of her dream: a cabin with the two little girls in it (Fig. 2). The alligator-crocodile looked harmless in no way like a dangerous attacker, rather like an innocent onlooker of an idyllic scene. I conveyed to the child my impression of the peacefulness in her picture, so different from her dream and her roughhousing with Daddy. She responded with a fragmentary account of one of her day dreams which she calls thinking stories: I was married to a Prince but I do not remember too much of it (Fig. 3).

I learned that not all thinking stories are good stories. Hard as she

tries to make up good thinking stories when she is in bed, she always ends up thinking of death and then her "good thinking stories do not help either. To the interpreting question whether marriage appeared to her as such a dangerous enterprise, she answered only indirectly by repeating the story of 'The Heartless Killer Jack who Killed Everyone but Himself'. She remembered that she once made a picture story called 'The Powerful Man' (Fig 4). 'This Man killer did not like to kill men. He was too good to kill men. One day—this man killer killed a man. Eek, said the MAM'. Only the parapraxis in the last line of the story (see MAM instead of MAN) betrays that the killing story is the story of love between men and women. (See also Figs 5 and 6).

At this time, our patient was not aware of her love for her father. She always was afraid of him and thought that her father had never liked her. She remembered many of their quarrels when she was little. He did not like her to use his "gadgets," and once locked the door to his study so that she would not steal them, but she took her revenge and hid the key to his door, returning it only when he gave her a key of her own which she then wore as a pendant on a necklace.

She told me again about her father's temper and loud voice. She always was convinced that his anger was directed at her. Before her younger sister was born, she was once playing on the beach and suddenly heard her father call 'Go away!'. Startled by this 'Go away!' she ran away as fast as she could. Her father's shouting had not referred to her but to a huge dog from which he wanted to protect the child.

From her father I learned that Sherry had finally stopped her flight, had fallen down in the sand, sobbing and completely exhausted. He had carried her home, but she had seemed inconsolable. Her father, after an interview with me, talked with Sherry about this incident. She sensed his concern and responded with a flare up of her love toward him. The next day she reported this conversation to me while she critically looked at a self portrait on which she had been painting for days. Suddenly, she tore it off and started on a new picture which she named 'Hard working Man in Pioneer Times'.

One had the impression that in repeating her chat with her father and in painting this picture she relived the happy moments with him. On the other hand she felt disturbed that she had forgotten the happy end of the beach episode. It is characteristic of Sherry that she seeks to remember, as if to remember correctly would protect her from her obsessive doubting. Whenever she realized that she had forgotten something, she started brooding. This time the brooding referred to the reasons for her forgetting the happy ending. She insisted that I explain this to her.



FIGURE 2—Alligator Dream

I saw a crocodile or alligator and I was in a small sort of cabin. The crocodile stuck his head between the bars and that looked funny. And the crocodile kept on moving from side to side and I kept on jumping from side to side too. And finally he got me. And instead of biting a chunk out of me, a sort of tooth stuck in me. And I tried to pull it and I did not succeed. Then we went to supper and then I woke up.

Later recollection of detail from dream. In the cabin there was a little girl with me. I don't know her name. She was about the size of me and eight years old. But we were very small, a little bigger than a baby.



1)

The Powerful Man-killer
 Once There Was
 a Powerful Man-killer
 and his Man-killer
 did not like to Was
 Kill Men. He Was
 to good to Kill
 many one day.
 This man-killer
 killed a man. The
 Man said EEEEN
 The End

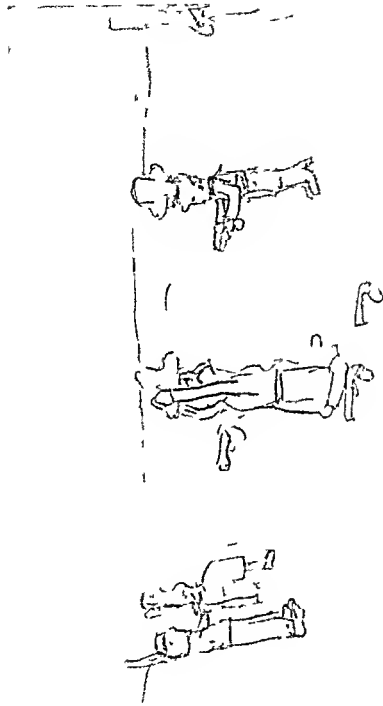


FIGURE 1—(before an hour)

The Robbers

One day Mrs. Bushelberry
went for a walk in the woods.
All of a sudden she saw a
robber. "Oh" She cried,
"What will I do?"
"Die!" cried the robber.
Just then another robber
appeared. "Yes die," cried the
other robber and the
robbers killed her.



FIGURE 7

I had a little duckling
 His name was Sunny Jim
 I put him in the bathtub
 To teach him how to swim
 He drank up all the water
 He ate up all the soap
 He died last night
 With a bubble in his throat ~



Figure 10



FIGURE 11

The other man whom mommy married in my dream
She could look that nice compared to him
In that dream I was the only child of mommy



FIGURE 12. Duet, conversation about divorce of parents

A mother with cigarette holder. She is smoking, and she is in her pajamas



FIGURE 13. Sweet sixteen dancing



FIGURE 11—Virgin Mary



FIGURE 15—Doodling while we speak about divorce



FIGURE 16—The Creeps

The creeps are crawling over me
They tickle and tickle as you see
And they think it's terrible funny
But it really makes me very angry

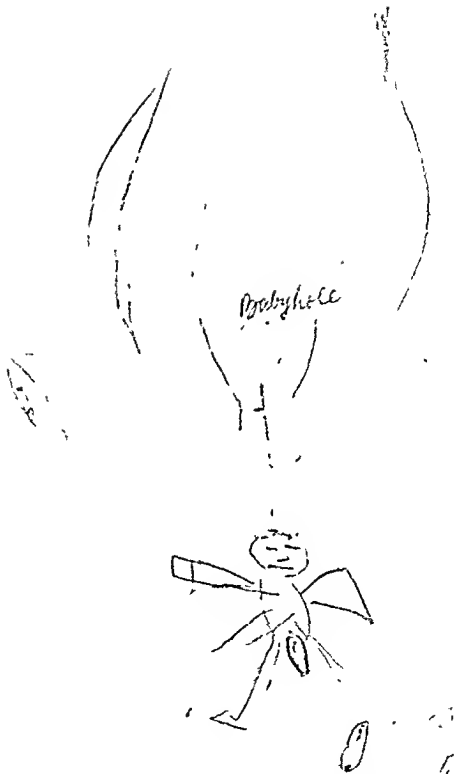


FIGURE 17—Sherry is convinced that she hurt her genital during masturbation

Here the child presented an opportunity to approach the analysis of a defense. Since it seemed that this defense was directed against the realization of positive affects it was necessary to explore them and to expose their nature to the child. To Sherry I said that I only knew what I had learned from her. Good things turn into bad. She knew that I referred to her thinking story of Being Married to a Prince. On this occasion I also reminded her of her first interviews with me two years before, intending to show her how she then too had fought against the awareness of her positive feelings. She interrupted me in order to prove to me that she remembered every detail of these interviews.

It was striking that she could remember certain incidents from these preliminary interviews with preciseness, whereas others had been completely blotted out. She remembered that she had insisted that her grandmother's death had made her happy and that she had wished her to be dead, though she now was sure she had just been joking. (Remember the car accident in her first session which was also just a joke?)

She could not remember how she finally had admitted to me in a roundabout way her true feelings about her grandmother's death. She had hummed a song in which a gander takes care of many goslings after Mother Goose had died. Gander and goslings are mourning for Mother Goose. Humming this song she had been on the verge of tears but quickly turned to her mother and demanded to leave my office.

Sherry did not recognize the sad song of the mourning goslings. Neither did she recognize the doll on which she had demonstrated what happened to dead people in their graves. She had torn off the doll's limbs, started to pull off her head—but then threw the doll away and burst into tears. From this scene she remembered only one detail that I had sewn the doll together.

She could remember thought contents but the affects which were connected with them were completely obliterated. She had repressed the song in which gander and goslings were mourning as she had originally repressed her own sadness because of her grandmother's death. She likewise had repressed her own aggressive actions of that session: her desire to leave my office and her intention to behead the doll. Although she did not recognize the doll when I showed it to her, she could remember the restitution of it.

Following the memory of the beach incident, Sherry's relationship with her father changed. In analysis a new but related theme became important. Apparently with the acknowledgment of her love for her father, Sherry's hostility toward her mother increased. It was displaced and at first only discernible in difficulties which started at school.

According to Sherry some children had accused her of not wanting to play with them 'just because they were new'. They did not want to play her way. But she could not see any fun in doing it their way. She never could be as mean as the children thought she was, turning against someone just because he was new. I reminded her of the one exception in her life when she had told her younger sister that their father could not like her as much as he liked Sherry for the very reason that Ann was 'new'.

Sherry felt chagrined about this incident. It was not long before she began to complain about those people who showed a cold shoulder to old friends as soon as new ones arrived. That's what her older sister does. Sherry used to like her, but the older sister had always hated her.

These remarks revealed a complex process of dealing with her hostility. This process contained not only a projection, in that Sherry accused the friends of what she herself was guilty, i.e., disloyalty, but a double substitution of objects. At bottom was a repressed hostility toward the mother. This was doubly guarded against: both sisters really represented the mother, then there was a subsequent displacement from the sisters to the friends.

For several weeks I aimed at showing the child her motives for projecting her own feelings of disloyalty onto others (The masochistic pleasure which was contained in her compliance was not yet touched upon).

She could tolerate interpretations which explained the projection from herself to others but she could not tolerate those which stressed the underlying displacement from her mother to others. To help maintain the resistance and with it the defenses characteristic of her neurosis, the mechanism of isolation was added to the mechanisms of projection and displacement.

It was particularly difficult for Sherry to recognize her hostility against her mother since she had split her ambivalent feelings toward her. She rejected every person in the household who took over any of what she considered her mother's 'duties' or 'rights' and refused to acknowledge that she was permitting trivial incidents to replace her previous fondness for these people with dislike.

Eventually she made remarks which to everyone but herself were obvious complaints against the mother. Again the child used a defense in depth: first, by denying that she had any grievances against the mother; secondly, by not recognizing the affects which should have accompanied them. She could, for instance, tell me that her mother only cared for her little sister. Or she could say: Mommy was too busy with her guests to give me my bath yesterday. So I just was not going to have it. She was

unable to see that her refusal to take a bath on that evening and the subsequent quarrel with the maid during which she screamed and actually disturbed her mother's party were proof of her negative feelings toward the mother. When I remarked on that occasion, "Were you so angry at Mommy for having guests that you wanted to spoil her party?" Sherry could answer in the most sincere tone that she did not feel angry at her mother at all. She had been angry only at the maid because the maid had made her laugh when she herself had wanted to be serious that night.

I stressed in my interpretation the advantages which the splitting of feelings seemed to hold for her and that it was her need of being good which made it hard for her to realize her negative feelings against her mother. I hoped that my acknowledgment of her need for defensive measures would facilitate for Sherry the insight into the motives for the strong countertransference which she needed against her aggression. But before she was ready to work through her defenses, hostile feelings against her mother forced their way into the open and caused a recurrence of her symptoms. From then on Sherry could not continue the denial of aggression which she had tried to achieve by displacement and isolation. It was as Freud says: "During the progress of analysis it is not only the patient who plucks up courage but his disease as well. It grows bold enough to speak more plainly than before."

In what follows I shall present some of the modifications the patient's fear of death had undergone in her brief analysis. The following material of what we might call her death complex revolved around a series of nightmares.

On consecutive nights Sherry had dreamed that she was forced to dance with a rooster who had an awful grip on her and was squeezing her hand. Or on another occasion a poisonous snake terribly slimy and cold is laid into her hands. (This dream betrays even in its manifest content the connection between sexual activity and death.)

In another dream a rat pursued her. The rat had a terribly long tail like a tongue and that licked her. Or she has ears like Pinocchio. Her associations revealed to be like Pinocchio who met his Daddy in the whale's stomach. It was obvious to the child that insomnia and death fear were interconnected. Which was first the insomnia or the death fear was a problem about which she brooded in the beginning of her analysis just as she now brooded about the problem: "Who killed Cock Robin?"

Sherry attempted to trace back her fear of death and remembered

correctly that the first manifestations appeared when someone had read to her the story of "The Death and Burial of Cock Robin." What had upset her most in this story was the question which never was answered 'Who killed Cock Robin?' The story was sad enough—Cock Robin was put into the grave and all the birds mourned for him. But more than by the sad story Sherry was shocked by the picture that illustrated it. Only reluctantly she told me that this picture showed Cock Robin "and all over him blood, and the blood was running down the whole page." To my question, 'What happened really to Cock Robin?' Sherry shouted excitedly 'They saved up the cut!' 'They saved up the cut?' I asked 'Yes, the place where he was shot.' Then, with a completely changed voice The nerve of mine to talk about it, and the nerve of Mommy to tell me all kinds of terrible stories . . . I always ask for them, though." Sherry remembered and repeatedly emphasized that "all the birds cried about Cock Robin's death." So had the goslings and the gander when they mourned Mother Goose's death in the song Sherry sang after she had insisted that she was glad about her grandmother's death.

The common element in both story and song is the mourning an affect which the child completely repudiated after her grandmother had died. The difference between these two stories refers only to the object which was meant to die: in the Cock Robin story it is the little sister, and in the gosling story it is the mother (Figs 7-8).

Our expectation that the analysis would prove her death fears to be related to her wish to rid herself of the intruding sister and of the disappointing mother who gave love and time to a new child was here confirmed.

The story of Cock Robin was experienced with such panic because it expressed precisely what our patient had wished without being able to tolerate it.

In a dream which she had at about the age of five, Sherry saw her father taking eggs out of some tubes and killing chickens. Upon awakening she had complained 'I do not want my Daddy to be a chicken killer.' Jack, the killer, the Powerful Man who killed MAM, and the Chicken Killer represent her father and his sexual activity.

Sherry was four years and three months old when her younger sister was born, shortly after this her nightly visits to her parents' bedroom had started. They became more frequent and could not be averted when her death fear reached its height after Cock Robin's story had been read to her.

There were various reasons why Sherry visited her parents at night.

She sought protection from her own death fear, she wanted to protect her mother, and, most of all, she wanted to make sure whether her mother was alive or dead. What she did not know was that her visits were aimed at preventing the birth of another child.

Here we see that the themes of death and killing and birth and sexual intercourse are used by Sherry interchangeably.

The analytic material revealed traces of a repressed scene² which must have fixed in the child's mind the equation of killing and intercourse. From the father I learned that the following scene had once been witnessed by Sherry: the father, angry because the mother had again permitted the child to disturb the parents in their bedroom, had left his bed to sleep in an adjacent room. The mother, in an attempt to pacify him, followed him, leaving the child alone in their bedroom. After some words between the parents, the child rushed in and found her mother lying on the floor. The mother had fainted and was just coming to. Sherry had not asked her parents what had occurred and had never mentioned that incident in her analysis up to the time of this report. We assume that the child could only believe that her intrusion into the bedroom had precipitated some violent actions between the parents which caused her mother's fainting spell. Thus her feelings of guilt were greatly and prematurely augmented. Certainly this incident had intensified the fear of her own aggression, the reaction formations against it, and her fear of death.

An interesting symbiotic relationship existed between the child's fear of her own death and that of her mother. Sherry felt that she would only be protected from death as long as her mother was alive. Once, when overcome by her fear of death during an analytic session, she said: "I don't want ever to die! I know that I will die but in a hundred years, and then I don't want to die either. If Mommy is there, the fear is better. I am afraid that Mommy might die. Without Mommy what can I do? She helps me with the traffic lights. When she does die, I must die too. Of course, that's funny—because I can learn the lights by heart."

After this outburst of unhappiness she struck a lighter vein. From a magazine she cut out the most beautiful men and ladies, then arranged kissing scenes, saying: "They look so nice when they flirt, I like them when they flirt." Here we see her attempt to free herself from her fear of death by renouncing her incestuous demands for the father and accepting her parents' love life. After this session the fear that her mother might die did not enter her mind at all. Instead she attempted various

² Long before the child's analysis had revealed elements of the following scene her drawing (Figs. 9 and 10) betrayed her concern with looking and seeing.

solutions with the aim of taking her mother's place without destroying her first, she doubted that she was her parents' child, second, she desired to be adopted by me, third, she mapped out a divorce for her parents, fourth, she elevated her mother into the position of the Virgin Mary

She expressed her wish to be adopted by me only indirectly, by hinting at the advantages that the adopting of a school age child like herself would hold for me. Occasionally she attempted to make those statements appear very harmless by explaining that being adopted by me would not be so very different from the present state she had always believed that I really belonged to her family "You understand my troubles much better than Mommy," she said "Mommy is tired hearing about my nightmares, and you are not. When I call Mommy, she just tells me not to think of my nightmares so much. Or, she tells me to be a nicer child. But if she asks for a kiss I tell her 'You had your share last year, now I will like someone else'" In my interpretation I stressed that becoming another woman's child would punish her Mommy for not being always as nice with her as a Mommy should be in her opinion. It also would make it possible for her to become her Daddy's wife. To this she answered in all seriousness "I wouldn't marry my Daddy anyhow, because he is related to me, and Mommy said that he would be too old for me." Eventually, a further interpretation, namely, that she apparently wanted to arouse her mother's jealousy by telling her about her feelings of friendship for me, brought this acting out to an end.

In contrast to her ideas of being adopted by me—a plan whose desirability she could not wholeheartedly accept—the divorce of her parents did not appear to her as such an impossible step. Consequently she immediately had to ward off this fantasy "I know that my parents would never get divorced because they have children. If my Mommy had no children it might be possible." From now on, she became extremely sensitive to any tension between the parents, and as soon as even a slight difference in opinion arose, the child felt so disquieted that she had to leave the dinner table, knowing that then one of the parents would come after her and an end would be put to their quarrel (I did not tell the child what undoubtedly is apparent that the child here attempted to make up for a conflict which she felt she had once caused.)

A dream from that period illustrates her conflicts in regard to divorce

Mother was marrying another man. He wasn't even handsome. I woke up when I was supposed to be the man who married them. What do you call him a marrier? [Fig. 11]

As an afterthought In that dream I was the only child of Mommy Her associations to the dream clearly condemned her wish for her father She declared that in case of divorce she would anyhow remain with her mother, even if I had to go to public school (Fig 12)

The idea of the parents divorce became further diluted Sherry dreamed

I was lost from Mommy I couldn't find her I was mailing letters to her and I was mailing a package to a child who had yellow jaundice

The meaning of this dream is a reconciliation with her mother as if she were saying I forgive you—even for the time you have been away from me I want to be just as good—or even better than you are Mommy I will never let a child be lost I will even send him presents

A later dream again expressed the symbiotic relationship with the mother Now it is the mother who is lost.

Maybe Mother was kidnapped She pretended to be a Jewess and therefore somebody took her to Egypt Or maybe I dreamed something else I dreamed that Mommy was a nun she was dressed that way and she just went to church on Sunday morning

According to her knowledge only Jews live in Egypt and as she said you know they didn't treat them well there Nuns are good they take care of children and they are not married Oh is that why your dream made Mommy a Jewess and a nun? Sherry answered with laughter and wanted to teach me a song which explains that being a nun and going to church does not necessarily mean that one is not married The beginning of her song

Sweet sixteen she goes to church just to see the boys She laughed and [Fig 13] I never was taught the rest

Sherry became serious and asked Can you really and truly tell me what a virgin is? Is it possible what they say in the Bible that the Virgin Mary got Jesus Christ without a father? And why when they say so do they say that Joseph was the father of Jesus Christ? I once asked my Mommy but she couldn't answer it And then my parents told me that it is just like a fairy tale I always wonder whether Mommy is not the Virgin Mary She is sometimes so good and I wished I were the child of the Virgin Mary (Fig 14)

She scribbled a number of figures with halos While doing so (Fig 15) she sang with feeling a song about Mary who had a baby aye my Lord Then she said I really don't believe that I would like to be a

child of the Virgin Mary or that I would like Mommy to be a real virgin Because if Mommy were, I would be Jesus Christ' And then, as if shaking off a terribly disturbing thought, "But who likes to be Jesus Christ, being crucified? Who likes to suffer as much as He? Not I No, I would not like Mommy to be the Virgin Mary'

Her meditations about the Virgin Mary continued for several days Then I gave her an interpretation which though not quite new to her, was this time seized by her and apparently integrated If her mother were the Virgin Mary she never would need to worry that her parents were making love and might make another baby She would not have needed to run to her parents' bedroom to make sure that Daddy would not hurt Mommy She interrupted me here to tell me with the greatest understanding and feeling I see You mean that I would never be jealous of Mommy Is that what you mean, being friends with her?' (The child was not repeating what I had said but was echoing an explicit desire which she had expressed as one of her aims in coming to analysis)

The material which has been presented about the child's relationship with the mother contains two themes hostility derived from the oedipus complex, and from a strong positive preoedipal tie to the mother

Up to this point Sherry had expressed concern about her father's death only on one occasion when he left for Atlantic City, which place she had confused with Atlantis She had not dared to ask her parents how it was possible for her father to go to a city which did not exist any more Her brooding had resulted in the conclusion that the place might have re-emerged from the ocean nevertheless an uncertainty as to her father's return remained with her What if Atlantis should be swallowed again by the ocean? Haven't mermaids brought unhappiness to men? Beautiful as they are, they are sly and cannot be trusted!

The following dream brings her father into the circle of death and elaborates the theme that women as well as men are dangerous in the role of lovers

One of her dreams elaborates the theme of danger coming from women

Daddy died. He was lying across the floor The dopey part was that I didn't care about it.

In her associations she referred to a 'love couch' in her room "We just call it so, because we always make love there with our Daddy! When I asked for more details of the dream she demonstrated how her father fell from the 'love couch.'" She said I do not know how Daddy died.

Maybe he didn't die from anything' Then, overwhelmed by feelings of terror, she recalled a further part of the dream

"Miss Hopp or Miss Hopp's partner killed Daddy A doll had a drum and was a dancer She had a wire in her neck and the wire held her neck up I took the wire out and thus the head fell off I beheaded her (It sounded like an outcry of a person tortured by self accusations)

Her thoughts after awakening fit well into this context She said "And when I saw a wisp of smoke behind my bed, then I thought that something else will kill me"

Since Sherry had never mentioned Miss Hopp, I asked her who Miss Hopp was In an outburst of excitement and confusion she told me that Miss Hopp was a doll, a dancer whom she had named 'Miss Hopp' because it was a dancing doll 'You see, I had two dollies, and the second had a drum, I think she was a drum majorette, and maybe it was her head that fell off.' Her doubts and contradoubts so clouded the situation that it took a long time before she could make clear who had killed whom and whether the action of beheading had taken place at all Did it happen only in her dream or also in reality? Finally, Sherry set an abrupt end to her doubts as if she could no longer bear it 'I never beheaded a doll in real life I think that my doll's head fell off, it was at Christmas' Here we see the same reaction which had been expressed in the car accident improvisation during her first session: a temporary replacement of her obsessive doubt by pseudo preciseness That she said it was Christmas when her doll's head fell off is significant in view of her equation of Death and Birth Around Christmas she had learned about the Immaculate Conception of the Virgin Mary If immaculate conception were true—her father would not be needed But Sherry probably would not like that Therefore the afterthoughts to her dream deny its beginning The lifeless father across the floor comes to life In every wisp of smoke, she sees behind her bed that 'something else which will kill her' The uncertainty behind the expression 'something else' can be understood by recourse to an established rule in dream interpretation: it stands for the opposite—a certainty The face which does not appear at all in a dream or in a masturbatory fantasy is usually that of the incestuously desired object

The dream of the dead father was mentioned here because it contains again the equation loving killing birth-death activity passivity, men women, and shows in a less disguised way Sherry's fantasy that women too are dangerous and may kill men (the mermaids Miss Hopp, Sherry's mother, and Sherry herself)

The following material concerns the transformation of the patient's death fear into the desire for her own death

After the dream of her father's death Sherry no longer spoke of her 'death fear' but only of a "death feeling." We understand that the conscious fear of dying had turned into an unconscious desire to be put to death by the father in being made love to by him. This libidinal desire was already apparent in the dreams I have mentioned. The manifest content of all these nightmares had one element in common—the pursuit of passive aims. Already the manifest content betrayed the phallic level of her sexual desires. The death feeling consisted of sensations which the child located in various parts of her body, and which in themselves were pleasurable. Nevertheless, she associated them with death. Her description of her sensation was " . . . you feel it in your belly, it is like a gurgle. You feel it in your throat, it hurts you. It's as if you'd like to cry, but you don't have any tears."

Dreams or fantasies which were related to masturbatory desires or activities were followed by an outcry that the death feeling was about to develop. Apparently what she called the "death feeling" was identical with impending orgasmic sensations.

These "death feelings" again underwent a transformation and then were referred to as "creeps" (Fig. 16). The analysis of these "creeps" brought the theme of masturbation into the open. In contrast to the death feeling, the creeps were mostly felt, as she said, in her arms and in her head.

During our conversation on her "creeps" I learned from her that she had to struggle desperately against masturbation because of her conviction that she had once hurt herself. In an attempt to examine her genitalia she had inserted her finger, as she said, "too far up," and thus she had injured herself (compare Fig. 17). She remembered that she had been very unhappy about this 'injury' but did not dare to tell anyone about it. The struggle, "telling—not telling," had been expressed in her picture of the two kinds of 'Sandys' (Fig. 1). She had hoped that somebody would notice her dismay and would help her. She said, 'But the most I could do was to have Mommy put some ointment on me' and 'Mommy said everything is fine.' To my question as to what she thought she had damaged, she first shrugged her shoulders. Then when I inquired further whether she wanted to see the penis she answered with genuine surprise, 'Of course not, I have known for a long time that I don't have it. But when I wanted to see whether a baby was in me and was not coming out—It never came' (We are reminded of the tooth incident and the alligator dream.)

To my questions about fantasies during masturbation she responded I am sorry, I am a *forgettable* child. But if I think of something I will remember and will write it down. She was relieved when she was told that this was not necessary. For a *forgettable* child she knew enough. Sherry did not know that on another occasion she had already indicated the theme of her masturbatory fantasies. Talking about olden pioneer days she displayed disgust with the educational methods of that time. The whispering stick, the ruler with which the teacher beats your fingers were mentioned by her with intense and pleasurable excitement. We assume the sadomasochistic components which she had shown on several occasions fed the preoccupation with death.

Let me return to the main theme of this part of the presentation: the transformation of death fear into death feeling. This transformation—death fear, death feeling, creeps—is significant because it reflects an important shift in the child's psychic economy. The fear of death and dying was a painful and dreaded experience. The symptom of insomnia—related to the fear of death—was many times consciously felt as a punishment; nevertheless, the child hardly complained about it, the state of being awake proved that she was alive. The fear of death which was the result of interdictions of superego and ego against her destructive impulses became unnecessary as the destructive impulses markedly decreased.

We should now examine what the terms death fear, death feeling and creeps symbolize to the patient. It is at once apparent that the death fear is actually a fear of retaliation for the destructive wish—the real death wish—which was directed against the mother and the younger sister. If the aggressive impulses decrease, that is, if the death wishes against mother and sister become less prominent, the so-called death fear also subsides and is replaced by the death feeling.

The death feeling, being allied to the libidinal impulses, is somewhat less dangerous. It loses more and more the quality of dread which accompanied the fear of death. Only when orgasmic sensations overwhelm her does Sherry become concerned. At such moments she wished to reassert her own status as a child, which was manifested by her hope that she could have her own name painted above her bed. "Then I'll know that I am a child," she said. And we may add what the child omitted—I must remember that I am not allowed to take my mother's place.

With the appearance of the death feeling, the severe insomnia subsided. As a matter of fact, the death feeling facilitated falling

asleep Nevertheless, it was not completely acceptable to her ego, as was manifested by her complaints

The creeps, though still pleasurable, contain a greater component of fear They express the struggle against masturbation, and the concomitant fear of injury They are indications of the conflict between her id, ego, and superego

In comparing the unconscious forces behind those two manifestations, "death fear" and "death feeling," we find that the "death fear" was fed by the intensity of her destructive impulses It was not only a danger signal which served to protect the ego, it was also simultaneously a super ego punishment—a retaliation for impulses directed against mother and sister

In contrast, the "death feeling," carried by libidinal desires, is temporarily accepted by the ego This is understandable when we recall that the child had seen her mother in a swoon—a state which appeared to Sherry as death The shift from "death fear" to "death feeling" came about by the increase of libidinal wishes toward the father, which temporarily neutralized her destructive impulses At first, this may appear a contradiction We would anticipate that the increased libidinal desires for her father would have a direct correlation with the aggressive impulses against the mother However, this was not the case, and we can assume that two factors were responsible for this apparent contradiction first, the strong preoedipal tie to the mother made it impossible for Sherry to wish wholeheartedly the mother's complete destruction, second, Sherry's unusual capacity for sublimation strengthened the ego and facilitated the dilution of the destructive impulses This I have tried to exemplify by the vicissitudes her aggressive impulses underwent in her analysis

In conclusion, I would like to stress once more that this presentation was of necessity fragmentary I have deliberately omitted certain obvious topics, such as the child's castration complex, transference, and certain defenses I hope that the future analysis of this case will permit more definite conclusions on the relationship between insomnia, death fear, and superego development, and on the significance of doubt and memory, the need for certainty, and the nature of pseudo preciseness

TREATMENT OF A CHILD WITH SEVERE EGO RESTRICTION IN A THERAPEUTIC NURSERY¹

By AUGUSTA ALPERT, Ph D and SYLVIA KROWN (New York)

INTRODUCTION

We selected the case of Bobby Y for presentation, as an addition to our clinical knowledge of children with severe ego disturbance, and as a demonstration of what can and cannot be done for such children in a nursery setting

Mr and Mrs Y. applied for help with their four and a half year-old son, Bobby, who was afraid to leave his mother out of sight and frightened of all changes. He followed her around from room to room wearing himself out. On the playground he sat by her side and could not be induced to play with other children or to ride off on his bike. His father could persuade him to ride his bike, but he would turn around and look back frequently. He was easily startled by the ringing of the doorbell and by his little sister's crying at night, which would wake him and cause him to vomit. The parents dated onset of his disturbance to the illness and death of the maternal grandmother, when Bobby was three years old. She had had several heart attacks and had to be hospitalized each time and there had been much excitement and weeping. Bobby had to be hushed and carried around every time he cried so as not to disturb his grandmother. She had lived with them from the time of Bobby's birth and had been very devoted to him and he to her, so much so that they could not bear to tell him that she died. Bobby asked for her frequently and they told him that she went away and would not come back. Now he seems to have forgotten her. To make matters worse, two weeks after the death of the grandmother, Mrs Y. left suddenly for the hospital to deliver a prema

¹ The Council Child Development Center where the child presented in this paper was treated is an agency devoted to the treatment of emotionally disturbed children and their parents. The Center program consists of a therapeutic nursery for children of two and a half to five and a half years of a clinical department for the treatment of the more disturbed children and of an outpatient department for the purposes of intake, diagnostic study short term treatment and referral service.

ture girl, Carol. About a year later, their maid, the only other person to whom Bobby had been attached, also left. He would vomit whenever he thought his parents were leaving and when he was frightened.

The Y's are among those parents from whom it was extremely difficult to get a complete history. They, especially Mrs. Y, were so much under the impact of the events just described that one could hardly get beyond that. Both parents appeared intelligent, deeply concerned, devoted to each other and their children, and eager for help.

The intake report on Bobby, when seen in the outpatient department nursery, described him as very dependent on his mother, and the mother as very anxious about him. Her attentiveness exceeded his demands, she was overready to help him, inform him, and do for him. He showed normal curiosity and interest in the toys, and on the second day was persuaded to leave his mother in order to play the piano on another floor. He asked to return after about five minutes of sounding the keys. Mrs. Y asked anxiously whether he had missed her. He moved slowly and cautiously, refused to sit on the floor, at mother's suggestion, because he would dirty his pants, with which the mother agreed approvingly. He spoke only to his mother, but clearly and well. He had poor posture and held himself stiffly, but was well developed, for his age.

The tentative diagnosis was that Bobby was suffering from reactive anxiety due to a series of traumatic separations and maternal overprotection. He was admitted to the Center nursery school in February, at the age of four years and nine months. Between the date of admission and the close of nursery school in June, Bobby was present only thirty-three days and absent fifty days, on account of colds. Before his first absence, he was able to leave his mother long enough to join in some of the group activities, but after a week's absence due to a cold, he stood with his mother, by the door of the nursery for one week. From that time on, he was too anxious to leave his mother out of his line of vision, and therefore could not join in the day's program. He would stand or sit next to his mother, hand or head in her lap, resembling one of Mahler's symbiotic children.

By the end of the four month period, no noticeable change had come about in either Bobby or his mother. In the meantime, the study of the case continued through conferences with father and mother by the social worker,² and through observations of Bobby in the nursery. The unfolding anamnesis revised the onset of illness to the time of birth. Unfavorable intrauterine conditions, poor constitution at birth, separation from

² Miss Eva Landauer

the mother during the lying in period due to an epidemic of infantile diarrhea disturbed mother child relationship throughout infancy all of which will be described in further detail preceded the illness and death of the grandmother

The Family

Mother Mrs Y is an attractive young woman despite an expression of discontent At the time of intake her deep discouragement with her son loomed so large almost nothing else could come through. She is the younger of two sisters by eight years but was larger since puberty and behaved like the elder especially at the time of her father's death from cancer when she was twenty She took full responsibility for the funeral arrangements at that time Soon after her father's death when her mother had a nervous breakdown and had to be hospitalized she again attended to everything But in contrast to this competence motivated by a lifelong and bitter rivalry with her sister (she remembered a fight she had had with her sister when she had to call her mother for fear she would kill her sister) was her crippling dependence on and anxiety for her mother She was always devoted to her in preference to her father and very sensitive like her son it was difficult for her to approach other children, and she could not bear to let her mother leave for fear of what might happen to her mother She was much older than Bobby when she got over it But she didn't go to college because she couldn't leave home though by this time she had many friends and was even considered a leader She still dislikes being far away from home

She married her husband at the time of her father's illness in the hospital and the couple lived with her family Her husband got his induction notice on the day of her father's death and left one week later She joined him a year later while her mother was still in a mental hospital (where she wanted to remain though she had recovered because she felt secure there) because she could not stand being separated from him

She remembered her pregnancy as very difficult she vomited a great deal and was anxious most of the time She had an acute anxiety attack lasting a few days during the sixth month of pregnancy This centered around blocked up ear drums from which she had suffered as a girl when they used to respond to irrigation Now she had the feeling of panic and of being caught She was terribly concerned about herself because of her mother's breakdown With reassurance from her doctor and from a psychiatrist and with her husband's devotion this episode passed

When Bobby was one year old they moved into their own apartment

and Mrs Y's mother, who had begun to suffer from heart attacks, lived with them. A few months later, Mrs Y had a miscarriage (when Bobby was one year and two months), from moving furniture around and from overfatigue, due to her husband's unwillingness to lend a hand. She had to go to the hospital for two days, leaving Bobby in the care of the paternal grandmother in their own home. Soon after, her mother began to have more frequent heart attacks, and died in the hospital when Bobby was three years old. This was an extremely upsetting time for Mrs Y and the entire family. She almost had a nervous breakdown. Now she blames herself and even her mother for Bobby's condition. She was so anxious not to disturb her mother, she would not let him cry, would rush to him, carry him around. She hardly knew what she was doing. There were relatives coming and going, bells ringing; Bobby was very frightened, cried and vomited.

Mrs Y. considered their marriage good, based primarily on sexual attraction and compatibility, but believed her husband to be immature, given to outbursts of temper, inconsiderate of her, e.g., his gross neglect when she had her miscarriage, his sloppiness around the house, too much under the influence of his employer, who, she realized, was interested in her husband's progress.

Mrs Y is an immature woman with a pregenital attachment to her mother, suffering from diffuse anxiety, reaching extreme proportions at times, as for example, during her pregnancy with Bobby. She has responded well to a supportive relationship with her worker, and has made a sincere and effective effort to help her son.

Father Mr Y is a personable man of neat, business-like appearance. He is normally intelligent and alert, alternately sensitive and brisk and somewhat too decisive in his manner. He is the eldest of three children and the only boy. He has not much to say about his childhood, except that he was always close to his mother, though 'not attached,' but the home was never hospitable. His mother never invited him and his family. She gave most of her time to his youngest sister. All this his wife resented, but not he. He had a very good job and was devoted to his employer, an older man, successful in business and interested in Mr Y's future. He was warmly interested in his family, and spent all his free time with them. He felt close to his son and the son to him. He considered him a very sensitive child, whom he had tried to help in every way, but now he felt 'stumped.'

When Bobby was an infant, Mr Y often bathed him, fed him, and administered enemas several times. He told this in a strikingly defensive

manner. He wants his son to be a real boy, not a "mama's boy." As a boy he always had contempt for "mama's boys" and teased them.

When seen with the child, or when talking about him, Mr. Y. seemed warmer, more sympathetic and less discouraged than the mother, and the boy appeared less anxious with him. Nevertheless, out of his own latent homophobia, he consistently made unrealistic demands on Bobby to be a "real boy" and he was excessively severe when Bobby showed any interest in feminine toys or games.

Mr. Y., though symmetrical (as far as is known thus far) shows extremes of affective expression in his relations with people, from marked consideration to callous outbursts of rage and undue insistence on masculine prerogatives. Mr. Y. has been an active member of a therapeutic group for fathers and has been seen regularly by the mother's social worker as well as by Bobby's teachers.

Therap. Carol, three years younger than Bobby, was born two weeks after the maternal grandmother's death in the seventh month of pregnancy. At the time of Bobby's intake, she was described as a normal, delightful child, entirely different from Bobby. In September 1952, at the age of two years and five months, Carol was admitted to the Center nursery school on a part-time basis for prophylactic reasons and to facilitate Bobby's attendance. It was seen that she was immature in speech, had an infantile attachment to a blanket and was handled like a baby by her mother. She was still getting a bedtime bottle. Mother also complained that Carol has been inclined to retain her stool, but not as much as Bobby. She adored and admired Bobby and began to copy him.

The Patient Bobby

Developmental History. Bobby was a planned baby, though Mr. Y. had just returned from the Army and this was a difficult adjustment period for the couple, aggravated no doubt, by living with Mrs. Y.'s mother. Labor was not prolonged, low forceps were used, the infant was normal and weighed seven pounds. There was an epidemic of infantile diarrhea in the hospital and the mothers were not permitted to see their children.

Feeding. Though Bobby did not have diarrhea when he came home, he looked starved, did not know how to suck and cried all the time. The mother attributed his behavior to the hospital separation and handling there. At home, he lost seven ounces of his birth weight and did not gain for some time. He had colic and cried all the time. They never knew when the colic stopped because he continued to cry. After he

learned to suck, he loved his hottle. He took solids well, too, hut was always very slow. He still has to be helped and "if it were up to him, he would be fed by me entirely."

Sleep He cried day and night and had to be carried around a good deal. This increased after grandmother became ill with heart disease when Bobby was seven months old. Mrs. Y. would rush to quiet him, so as not to disturb her mother. He woke screaming with every sound, such as the doorbell, or baby's crying, at which times he vomited.

Motor Development Bobby was a very passive baby. "He had to be taught" to sit, stand and walk, because he was so afraid to attempt new activities. His grandmother devoted herself to this and finally got him to walk at two years by making him hold on to a blanket. At the present time he holds himself stiffly and moves very slowly. His small muscle co-ordination is excellent.

Sensory Development Bobby was always very sensitive to sound, especially strange sounds. He enjoyed music at an early age and always preferred to sit alone and listen to records, or pick out single tunes on the piano. He was sensitive to strange sights, for example, a new doll, and easily became upset, crying and even vomiting. It is as though all strange sensations represented danger signals.

Libidinal Development While he is said to have enjoyed his food from early infancy, he had to be taught to suck and was always a slow eater. He sucked his thumb during the day and at night. Bowel training was accomplished easily according to the mother by ten months, with frequent bouts of withholding, starting at the time of mother's absence in the hospital for the birth of Carol. During this period he and his father stayed with the paternal grandparents. Father would have to rush home when grandmother would phone that Bobby was turning blue from holding back his stool. Father would read to him in the toilet while Bobby had his movement. He got into the habit of waiting for father's return, even though he no longer read to him. Until recently mother would insist, with both children, on daily movements in the morning. As a result of treatment, this was discontinued. Bobby was dry by day at two and at night by four, when they began picking him up. Mother has always been very fastidious, and Bobby even more so. This began to wake with a shriek as though he had a bad dream, but would go back to sleep with some consolation, mornings he would wake up terrified that his thumb was shrinking. This increased in intensity and later he began to express fear that his penis was falling off. His parents repeatedly reassured him on both scores. He was seen to "handle him

self' more at that time. At five years and seven months oedipal jealousy began to be expressed when father was affectionate with mother. Bobby would say to his mother 'Darling I love you' and try strenuously to separate his parents. Each morning before father's leaving he asked for assurances of his return, and on his 'bad days' would wear himself out asking mother the same question. This is related, at least in part, to father's threats in fights with his wife, that he would leave and not come back. Bobby's repetitious questioning abated after his father dropped such threats as a result of understanding gained in treatment.

Fears Bobby was always afraid of strange things like a new doll, new sounds, puppets on TV. He would ask why people on TV looked at him and not at others. Once he screamed and vomited when his maid whom he liked, appeared in response to his call at night with a kerchief on her head.

Language Development By one year and six months, Bobby spoke clearly and fluently and the parents took pride in it. His speech is still good in articulation and structure, but poor in communication and his voice is weak.

Intellectual Development During Bobby's stay at nursery, mother expressed the fear that he was 'losing his intelligence', i.e., he was not as curious about information as he used to be. Unfortunately, no intelligence test was administered at the time of intake, but he was thought by the worker to be of average intelligence. Indeed his early imitative play with the grandmother, his early speech development, and his fund of accurate information about cars (father's stimulation) tend to confirm this. The Stanford Binet, administered at five years and ten months, gave him an IQ of 101, with a scatter from four to eight years and was considered a minimum score.

Social Development It was said that his grandmother was the only one who was able to get him to smile as an infant, by playing with him persistently but he seldom smiled. The family related proudly how quickly he learned to clap his feet at about four months, when grandmother recited a little rhyme. There was only one other person toward whom he had a positive attachment beside his grandmother and parents, and that was a maid, who was with the family from about his third to fourth year. Unfortunately, like the grandmother, she too disappeared, but under different circumstances. She continued to work in the neighborhood and Bobby saw her with another child but professed not to recognize her nor remember her. He could play with chosen children if they came to his home, never in their home. He had one real friend, Jerry, who lived across the hall, but even he had to come to Bobby's

home. He was reported never to have been jealous of his sister, and to have always loved her. They played well together.

A second diagnostic glance at Bobby showed impairment of ego functions long before the series of traumatic separations Bobby experienced. This covering up of early pathology by environmental trauma coincided with the humane wish of the intake staff to take a benign view of pathology in the very young child. Nor did Bobby look, at the time of intake, as dramatically disturbed as the 'atypical' children described in the literature. But after his relapse he proved to be inaccessible to the educational approach of our therapeutic nursery. He could function neither with nor without his mother.

As a first step it was necessary to give Bobby an exclusive relationship with a teacher, through whom and with whom he could relive correctively the steps in object formation. Out of this more normal object relation, it was hoped that he could master enough of his crippling anxiety to recover lost ego functions and develop new ones, as well as form other object relations.

This work was carried out by Mrs. Krown, in the nursery, under the supervision of the education and clinical departments. Her daily calendar gives a vivid picture of the day-to-day and minute-to-minute job of ego building and shows the tortuous fluctuating process of ego growth in detail. Exigencies of space make it impossible to include this valuable document in toto. But the first day will be given in full as an aid in visualizing the child and his setting. Thereafter, excerpts will be used in the discussion of Bobby's pathology and treatment under the following headings: *Relations with Adults, Relations with Children, Aggressivity, Activity and Performance, Fears, Anxiety, and Defenses, Educational Therapy*. This will be followed by a brief discussion of *Diagnosis, Prognosis and Further Treatment*.

OBSERVATIONS IN THE NURSERY²

First Day at School¹

9/22—Bobby moved with agonizing slowness and stiffness like an unwound wooden soldier: his arms tense at his sides, or with elbows flexed, arms hanging

² In the "Center" there are three nurseries, for three age levels: one on each floor. Each group has ten children and two teachers. Carol, Bobby's sister, was in the youngest group, which has a half-day program, and which Carol attended three times a week.

Before the opening of nursery school Mrs. Y was advised that there would be a fluid arrangement between Carol's and Bobby's nurseries, that they could come and go from one to the other, but that the teachers would try to associate each child with

in mid air and head sunk in his shoulders. He was silent all day except for whimpering requests to see his mother. I greeted him but he barely looked at me. I suggested that he choose a cubby for his coat but he stood as if paralyzed. His mother impatiently told him to choose a cubby and together we chose one the one he was standing next to.

One of the children brought salamanders around which the others were grouped in great excitement. Bobby came over with me interested almost smiling but as we came closer he began to feel panicky raising his arms grimacing sucking in his breath moving backwards weakly screaming "Oh Oh!"

At the group meeting later the children chose their activities but Bobby sat in absolute silence with his little sister beside him. I brought over a simple puzzle and suggested that he try it. He looked pleased and worked on it silently and very slowly. When I complimented him he smiled for the first time—not a complete smile but it changed his expression completely as though he came to life. When he finished his puzzle he said, "I want to see Mommy." We went out for a few minutes to the alcove where he said "Hello" and was satisfied came back with Carol again to work on puzzles. After a few minutes he again asked to see his mother and I said I had a surprise for him. He willingly closed his eyes and waited with a shadowy smile till I brought it. I gave him some small trains which his last year's teacher told me he liked. He was very pleased and together we got down on the floor where he began to place tracks and move the trains on them. His movements were very deliberate and exact trying to fit the trains perfectly. Several times he asked to say "hello" to his mother after which he willingly returned to his play.

I brought over some ramp blocks which he readily put to use. When he ran out of his supply I persuaded him to get more. He ran in his hesitant way shoulders hunched across the room to the block shelf as though he were running a gauntlet since he had to pass some children on the way. He played the same thing repetitively. When the trains unhooked or the tracks became disarranged he became disturbed and helpless. We would fix them together and later at my suggestion he would attempt to fix them himself. His first reaction to any disarray was horror but when I made a game of it, he would sometimes smile faintly. On the roof he stayed close to me. Some children were riding bicycles but there was none big enough for Bobby and I told him his turn would come. He whined repetitiously for a bicycle and showed no sign of having heard my repeated assurances that his turn would come. He watched the children bumping their bikes with glee and dismay threw up his arms, sucked in his breath and grimaced at the same time smiling. In striking contrast to the other

his and her own nursery. It was no easy matter for Mrs. Y to follow this plan because of her rigidity and anxiety. She would fluctuate between insisting that Carol needed her more which was not true and the wish to overprotect Bobby.

Bobby's regular group teachers were Mrs. Leonore Shohan and Mrs. Eva Goldman Wolfson.

4 Bobby was five years and four months old.

children, when he got his turn, he drove slowly and cautiously, in a small area around me. With my encouragement he covered more and more space, until he rode the full length of the roof increasing his speed. Then he asked to see his mother, after which he followed me into the nursery to help set the tables for lunch. On his own initiative he folded the napkins exactly in half and placed a fork exactly in the middle of each. He also well methodically placing a spot of gravy in the middle of each piece of meat.

Relationship with Adults

The pathology of Bobby's object relations was, of course, most striking with his mother, but it became equally clear with his teachers. It was marked by extreme dependence, by an almost total lack of pleasure and positive feeling. In the course of the year there was a striking change in his dependent need of adults, but relatively slight change in affective tone.

During the first weeks he would ask for his mother ten to twelve times a day. Such "visits" were mechanical reunions, marked by expressions of *Unlust* on the faces of both mother and child. He would cling and drag at her side, make no conversation, except for repetitive whining questions, as "Will you stay here?" This caused mounting irritation in the mother, to which Bobby appeared oblivious. Ritualistic partings were typical. Bobby "Kiss me," in a plaintive tone. Mother: An annoyed peck. Bobby: "Do I have lipstick on me?" The need to re-establish contact with the mother became most urgent whenever there was the briefest gap between activities, which had to be "fed" him continuously by his teacher; whenever confronted by a demand which he could not meet, as to join another child in play, when threatened or attacked by other children, when the group became hyperactive or aggressive among themselves, after a high point in his own activity, as though activity per se were dangerous, when his toys fell apart or became disarranged, during changes in routine, especially rest period, even preparatory discussion about it. It was precisely the rest period which later became one symbol of independence from his mother (p. 351).

As we have seen, he accepted the exclusive care of his special teacher, Mrs. Krown, though in a passive, uneasy way, from the first day. Soon he became wholly dependent on her protective powers and began simultaneously to follow her initiative, first passively and in time with more active participation. Out of this dependent attachment to her and through a growing identification with her confidence in and acceptance of him, his independent functioning unfolded. But as an object relation, it remained defective, i.e., narcissistic, wholly one-sided. He showed his hurt

and anger after her absences however brief when he had not been prepared for them sufficiently but never affection nor return of affection concern or for that matter, jealousy

9/30—I arrived late and sat down next to him at music. He smiled but turned his head away. At rest I explained why I was late and how sorry I was. He was relieved and asked me to repeat the story.

3/17—On one of my visits to the group (after I had left at mid year) Bobby stood off at a distance unable to join the other children in their clamorous greetings and embraces. Not until I put my arms around him did he move somewhat closer but his body remained stiff. Later he said to Mrs. Shohan: "I don't like Mrs. Krown to come any more. Mrs. Shohan: Why? Bobby: I don't want her to go out of the room to college. If she's not here and goes to college that's all right."

This high level in Bobby's ability to express himself records his psychological struggle with separation and his attempt at active mastery. I would rather (actively) forego the pleasure of seeing Mrs. Krown than re-experience the pain of separation and waiting. This solution has added significance in the light of the grandmother who went away and never came back.

After Mrs. Krown left, Bobby made an easy transition to the group teachers indicating an enormous reduction of anxiety but again raising the question of the depth of relationship. He was noticeably less dependent with Mrs. Shohan and Mrs. Wolfson actually less in need of their protection more spontaneous in conversation and more eager to display his achievements as the year progressed. Another objective situation arose toward the end of the year which threw into bold relief both Bobby's growth in spontaneity and his pathology. Mrs. Shohan had to take leave of absence on account of illness. She came back to visit the group before the close of the term. There was a riotous demonstration of welcome by the children in which Bobby joined happily lagging only a bit behind the others. But when she embraced him in turn he assumed his old posture and facial expression: elbows flexed, arms hanging in mid air, one hand finding its way to his hair which he began to twirl, the stamp of anxious discontent and withdrawal taking the place of the radiant expression which had been on his face only moments before.

Relationship with Children

Here Bobby moved from phobic avoidance (cf. running the gauntlet incident—9/22) to a tolerance of small doses of parallel play with one girl and then of equally small doses of interchange in play with the

same girl, to masochistic provocation of the boys, to participation in a small group of girls, out of which emerged his most genuine relations, and finally merging in the large group, able to play and fight with the boys and even exchange home visits. Less than a year ago he was not able to visit his best friend, living across the hall from him. No jealousy, envy, rivalry or competition entered into his relations with children, which made him too uninteresting for any real friendships to develop, at least with the boys.

9/26—While playing trains with me in a secluded corner, Betsy asks to join Bobby. He objects tearfully, saying she would destroy his trains, but can accept her parallel play with trains nearby.

10/6—Bobby enjoys interchange of train play with Betsy, in a secluded corner, until she offers to fix his trains. He objects, on the verge of tears, saying that she will hurt his trains.

Soon the group began to despise Bobby for his cowardice and dependence (chorus of "Bobby is a baby") and to envy him his extra care. He was hated for his fears and had to be attacked for reminding them of their fears (chorus of "Bobby is our enemy"). His cowardly behavior—shrinking from the group and warding off imaginary blows—acted as direct provocation for their aggression. As the aggression of the boys mounted, some of the girls gravitated toward the protective environment of Mrs. Krown and Bobby. Thus a small group was formed, in which Bobby took further steps in his relationship with children. (The "small group" technique was tried several times before, but none of the children could tolerate being with him or he with them.)

11/14—Bobby, Vera, and Birdie are in the room while the others are on the roof. Birdie organizes a ball game and says, "You stand here, Bobby." Bobby: "I don't want to play ball. I want to play on the steps." Mrs. Krown: "We'll play on the steps later." Birdie: "You stand here." Bobby does as told. Birdie: "Look, Bobby stands where I tell him!" All enjoy a good game of "catch." Game changes to bouncing the ball and chanting jingles with aggressive themes. Bobby dislikes the jingles and counts instead, reaching the incredible figure of 43. He was elated and the girls astounded.

11/16—As the boys were leaving for the roof, Bobby cowered near me. They attacked him and he began to cry. I gathered him and the girls about me and told them what had happened. Betsy put her arms about Bobby and kissed him. Birdie dropped my hand and took Bobby's. Vera looked sympathetic. Bobby stopped crying and smiled wanly. They began to play house.

Vera: "Bobby could be the Daddy." Bobby put on a tie, stuck his lather's

cigar wrapper in his mouth and immediately left for work, i.e. bouncing the ball. Came back to the doll house for dinner.

When the other children returned and Manny attacked him Bobby hit back more vigorously than ever before bringing from Manny the remark "He's tougher than I thought."

The 'small group' stayed together as long as mutual needs were satisfied. Outstanding was Bobby's relationship with Birdie, a wispy little girl who had serious difficulty in asserting herself in the large group. With Bobby she was protective, controlling and full of initiative. In effect she took over the role of Mrs. Krown and Bobby loved it.

11/17—Birdie helps Bobby into his jacket and fumbles with the buckle. Bobby shows Birdie how but behaves as though he needs her help smiling with pleasure.

11/20—On the roof Birdie sets up a fire engine game with Bobby's help and gets him to climb precariously but he is very fearful. Birdie: "Don't be afraid, I'll help you." She takes his hand and sees him through.

This continued to be a solid relationship though with fluctuations throughout the year. On occasions the roles would be reversed.

12/20—Birdie's idea in a fire engine game which she initiated is rejected by one of the children. Typically she bursts into uncontrollable weeping. Bobby leaves the game and comforts her.

Bobby's relationship with Vera was totally different. She is petite, beautiful, dynamic and anything but maternal. She joined the small group because she had lost status in the large group on account of her critical jibes at children and cruel delight in their discomfiture. At first she behaved condescendingly to the children in the small group but soon began to vie with Birdie in controlling Bobby. He in turn was clearly attracted to her and the relationship took on an erotic tinge.

3/26—On a home visit during an absence with an ear infection Mrs. Shohan told him that the children all missed him naming them. When she came to Birdie Bobby said: "What about Vera? I like Vera better!" I asked why and Bobby said: "I like Vera's face better. Vera has a prettier face than Birdie." (objectively correct).

5/22—Bobby and Vera were seen coming out of the bathroom making gleeful sounds. Bobby had his hand in his fly and a small pretzel stuck in his mouth. Vera had a long pretzel stuck in hers.

By February, except for the continuing relationships with Birdie and Vera Bobby as well as the others merged with the larger group. Gradually Bobby was able to join with the boys in their aggressive fantasy play, though, to be sure, at a slower pace, whooping it up much more weakly.

3/6—Jimmy the leader of the group invited Bobby to be one of his soldiers in the fort. Bobby picked up a gun and obeyed his commands: he climbed the plank, marched, shot, shouted. Bang bang, though criticized by Jimmy for his slowness. (Compare this with the entry on 11/5. During the day I handed Bobby a gun. He started to take it but then let go saying: 'They'll see me. I don't like guns!')

5/5—Manny attacks Bobby who fights back until the teacher separates them. Bobby goes on with his dressing unperturbed.

5/27—Father reports that Bobby attacked a boy his size on the playground for having got in his way on the slide. Father separated them and Bobby then began to cry and told his father that he was crying not because he was hurt but because his father didn't let him hurt the boy!

It was more difficult to observe the vicissitudes of Bobby's relationship with his sister, Carol. He showed more warmth to her than to anyone else: hugging and kissing her. At times he ignored her when she greeted him eagerly, as though he did not even see her. He would talk with the teachers in an indulgent and condescending way about her: baby talk and special needs. Though he was never seen to be rough with her at school, mother complained that he would hit her and at times the maid, with whom he had a positive relation, saying 'I'm hitting you, but I really want to hit mother and Carol.' The parents reported that he was never jealous of her, the teachers have seen only indirect signs of it.

Aggressivity, Activity, and Performance

The most outstanding feature of Bobby's pathology, i.e., visible to an untrained observer, was his marked rigidity and passivity. The impression of the teachers was that if given a choice, he would just sit. He was not given this choice, but was persistently stimulated. Increase in the range and tempo of activity, involving more large muscle play, naturally traveled hand in hand with a reduction of anxiety. Aggressive games came next, followed by a remarkable improvement in his work bench performance, followed by the ability to fight defensively and offensively, without a protecting adult around. The change in voice volume and body tone at this time of the year was dramatic.

10/14—Bobby could not be persuaded to join any activity. He hovered at my side. I asked him at one point: "What would you like to do?" Bobby: "Nothing."

just sit here and wait for Mommy What do you do when you're a cowboy? (Earlier in the day he told me that he has a cowboy suit.) Bobby I shoot. Whom? Bobby Carol and Mommy Sometimes I don't have to wear a cowboy suit and I shoot Carol and Mommy His toneless voice lent a note of caricature to his remark. But when a few other children joined us and began to talk of cars Bobby had enough vitality to join in.

Any activity involving the slightest change in contact with the ground even stepping over the threshold, evoked severe anxiety. Weeks were spent going up and down steps hand in hand with Mrs. Krown going faster and faster, daring to jump a step then two, to let go Mrs. Krown's hand, to climb outdoor equipment, holding on tensely, then by himself, daring to climb the rocks in the park with the other children but like a four year old, in comparison with them.

4/1—Bobby holds his hammer in such a way that it only passes over the nail gently though I had repeatedly shown him how to grip the hammer.

5/28—Bobby hammered and sawed vigorously today working on his train. He needs much less help now and doesn't ask before starting. When will it be finished? as though he could not grasp the relationship between himself the wood and the finished product.

Fears, Anxiety and Defenses

As we have tried to show, Bobby's anxiety was all pervasive and overwhelming at first. Every new stimulus was a danger signal to which he responded with panic. Through the warp of this child's basic anxiety ran the woof of castration anxiety, like a red thread. To the extent to which Bobby's fears could be differentiated from the matrix of anxiety, they could be said to have this psychic content. In view of his life history, in which extrauterine symbiosis was fortuitously delayed followed by an overcompensated and uneasy symbiosis with the mother, followed by a series of traumatic separations from love objects castration anxiety could be expected. At first it was diffuse involving the total body. The stiff posture, slow and cautious movements so characteristic of him could stem from a body as phallus fantasy. At three when mother was in the hospital it took on anal expression (painful retention).⁵ At four it was expressed in displaced phallic terms fear that his thumb was shrinking accompanied by vomiting suggesting a thumb sucking fantasy of incorporation. (On the psychometric examination, he missed the finger counting test because he omitted the thumbs.) Shortly after, castration was

⁵ We do not overlook here other probable meanings of this symptom: fecal baby in identification with the mother; passive homosexual tie to the father.

expressed in frankly phallic terms fear that his penis would fall off, again accompanied by vomiting. He consistently refused to use the toilet in the nursery, until well after midyear. Then, after urinating he would carefully wipe his penis. He reacted to every tear, break, disconnection of objects, as if it were catastrophic. In the following incident, the panic when he gagged on a tiny piece of paper may be understood as the wish fear of swallowing vital bodily parts, in which breast and penis were equated (Nunberg, 1949)

11/25—After lunch he was listening to a story with the group. Lollipops were distributed. He peeled the paper off with infinite care and began sucking. Suddenly he rose and cried weakly, 'Paper' and began to gag. I removed him from the group, he spat out a tiny piece of paper, rinsed his mouth, gave up the pop and returned to the story. The teacher read about the monkey which broke its leg. In a hollow voice, without sign of panic, Bobby repeated 'He broke his leg' and looked at me. Later he told me the monkey lost its leg. At rest he asked for the doll bottle, which he sucked, then fed the doll, and stuck the bottle between her legs.

At five and a half, when he began to express oedipal jealousy, in a suspiciously quasi form (p. 339), no change in castration anxiety was seen, nor any signs of superego formation.

In *The Problem of Anxiety* (1926), Freud gives us four genetic sources of anxiety: the psychic helplessness in infancy, the danger of object loss in early childhood, the danger of castration in the phallic phase, the dread of superego in latency. Bobby never outgrew the anxiety of the first two stages. It only took on the coloration of castration anxiety in the phallic phase.

It is interesting to take a look at the defenses used by this almost defenseless child. *Withdrawal* and *avoidance*, still almost on a reflex level, were typical for Bobby at the time of admission (five years and four months). Note his fear response, described on the first day of school (p. 340), which is almost identical with Watson's (1919) description of the neonate's response to loss of support and loud noise. When he could permit himself more contact with reality, *regression* functioned as the defensive counterforce to progression. These defenses, together with *restriction* of activity, all normal at appropriate developmental levels and within limits, were used by Bobby to a pathological degree. In discussing restriction as a defense, Anna Freud (1937) says, 'But when it [ego] has become rigid or has already acquired an intolerance of "pain" and so is obsessively fixated to the method of flight, such withdrawal is punished by impaired development. When Bobby refused a gun, saying,

"They'll shoot me," he almost resembled Anna Freud's little football player, in his use of restriction Bobby seemed to say, If they see my aggressive intentions they'll shoot me, better not allow myself the pleasure of shooting." Bobby's *repetitiousness*, which was a presenting problem at the time of intake, is similar to but different in degree from the normal child's less repetitive play to master anxiety Bobby has been repetitiously "drawing out," as the parents put it, unpleasant experiences. He recently visited his father's office, where an old lady made a fuss over him which upset him. His drawings at home showed an old lady and child, the latter with tears streaming down his face. It is a safe guess that the child associated the old lady with the lost grandmother. But Bobby's *repetitiousness* is also a symptom, a degraded gratification of the wish for symbiotic union and/or a substitute for aggressive impulses (Freud, 1926). In any case, its effect on the person, whether adult or child, is to infuriate. *Repression* of the whole series of traumatic separations has been total, aided by the parents. Drawing has become one of Bobby's favorite occupations, though restricted to the home, because the children will say they're dirty! The drawings all have to do with family figures and look like a *sublimated* expression of loss and restitution of the object. His interest in music, which may be seen as an attempt at mastery of traumatic auditory sensations is potentially a sublimation. We are not inclined to look at his extreme fastidiousness as a true *reaction formation*, but rather as a primary tactile, hypersensitivity overlaid with the introjection of the mother's fastidiousness. A recently acquired means of mastering anxiety is *humor*. On November 10, he starts with regressive anxiety about his mother and swings over to an expression of magical omnipotence, and sees the unreality of it as a joke.

Bobby: When is mother coming? Repetitiously and tonelessly Mrs. Krown: In two hours. Bobby: In two minutes? Mrs. Krown: In two hours. Bobby: Mother is coming in two minutes. one—two—where is mother? Laughing. 11/25—The starting point is again regressive anxiety from which he recovers by asking for mother as though he were imitating himself: he then appears wryly amused and adds: Mother is coming after supper! —a bold and aggressive exaggeration of postponement of the wish.

Educational Therapy

A variety of educational techniques were used with Bobby, some well-established and some experimental, but always leaving the teacher free to respond sensitively to the needs of the child. For months *persistent stimulation* was needed to rouse the boy from his autistic passiv-

ity. Dosing of new experiences allowed for reality testing and gradual mastery of anxiety. There were times when Mrs. Krown did not yield to his regressive demands, but rather *firmly insisted* that he use his newly acquired ego gains. This was effective only after the original and "transferred" symbiosis was replaced with autonomous ego strength.

12/1—Bobby was building with blocks and whining repetitiously for his mother. Mrs. Krown: "That's what you *used* to say when you were little. *Now* you are big and don't have to say it any more." Bobby stopped. Later that day he said to Mrs. Shohan: "When I was little, I used to say I want Mommy. Now I'm big and don't have to say it any more."

There were other examples of his suggestibility and echolalia like repetition, which show the psychic process of introjection at work. His subsequent behavior speaks for assimilation and integration. *Humor* worked more and more effectively in helping Bobby over difficult spots in his daily life. Soon he took it over as his own defense against anxiety. Bobby achieved his freest behavior when Mrs. Krown "took a cue from him and babied him." This later became an experimental method, under the heading of *Guided Regression to Libidinal Fixation Points*, of which we give three examples.

10/20—I had to leave for a conference and on my return I found Bobby lying, inert, on his cot, though it was not rest time. I took a cue from him and babied him. I offered him a salt shaker filled with water which he began to suck greedily and with delight, asking it to be refilled. He said, "I'm a baby," and whined for his mother. Now she appeared. He continued to suck and told her gleefully, "I'm a baby!" I suggested to the mother quietly to find an excuse for leaving, which she did, very displeased with the scene. When she said she was going to Carol, he said, "All right, do as you like," and continued sucking. Then he began timidly to sprinkle on the floor. As I looked on permissively, he sprinkled more boldly in wider circles. He became more and more delighted and freer—refilled the shaker and continued to sprinkle, singing, giggling, shouting, "Hee hee, haw haw" with abandoned laughter, addressing remarks to the children at random. He opened the salt shaker and spilled the water on the floor, looking at me. In response to my permissive look, he stepped into the little puddle and messed in it with his hands. Then he took turns sucking, sprinkling, messing, following me out into the anteroom, away from the group, where he became as though drunk with freedom, going up and down the stairs away from me. He even greeted Mack, the handyman, of whom he is afraid, "because he is old." He jumped from the stairs without holding on. During this episode, I verbalized, "You are happy because you could suck and sprinkle water wherever you wanted and make a mess like a baby." Vigorous assent. "You are happy be

cause you are a big boy and can open and close the salt shaker without help. Again vigorous assent. Unfortunately this episode was interrupted for external reasons and I had to send him quickly to his regular teacher without adequate preparation. According to the teacher after I left he let out a wild shriek. The whole incident lasted about a minute but I could not console him on my return. He kept asking for his mother and I took him to her.

The second example occurred the following day, when Bobby had not yet recovered from the traumatic, though brief loss of his special teacher the day before.

He appeared ill and withdrawn. After all other attempts to rouse him failed I jiggled him up and down like a baby. From this he spontaneously reached a higher level in ego functioning when he volunteered to write a note to his mother, one of his early examples of speech used for communication. I have a new train that is just like Jerry's. The train is just for me! For the rest of the day he was part of the group. I suggested to the mother later to take him home after lunch because I had to leave early. But Bobby said to his regular teacher, "My mother wants me to go home before rest. I want to stay here to rest in school!"

In the third example, on 11/13, he was again unable to function with out his mother. His teacher took him up to his sister's nursery for two year olds and there he became a cautious and defeatist two-year old. She gave support and an infusion of confidence, which he absorbed as his own, saying triumphantly, "Every day I learn something new in school!" He reached one of his high periods, again became bold, boastful and aggressive. He insisted on scaring the elevator operator (a woman). Again he relapsed to whining for mother, with no observable provocation.

In the first example, Bobby ran the gamut of libidinal expression from oral sucking—urethral spraying—anal smearing—phallic display and boastfulness. All three examples show the pattern of Bobby's ego growth—relapse—guided regression—progression beyond the last achievement—temporary relapse—consolidation of gains. The elevated affective tone and release from inner restraint, which accompanied the episodes of regression to libidinal fixation points were in striking contrast to his typical muted affective tone and restrained behavior. These together with the functioning on a higher level which followed speak for a true therapeutic experience. Unfortunately such experiences had to be limited in the nursery to safeguard the interests of the group.*

* We are experimenting with this method of guided regression as a group experience in our three year-old nursery.

DIAGNOSTIC DISCUSSION

The child we have described has features in common with the atypical children described in the literature, such as autistic withdrawal, symbiotic attachment to the mother, fragmented ego, abundance of diffuse anxiety and severe ego distortions (Bender, 1947, Kanner, 1942, Mahler, 1952, Rank and MacNaughton, 1950, Weil, 1953). What was specific to Bobby was his marked rigidity, passivity, absence of aggressivity, restriction of activity. This we ascribe to the "organismic distress" at birth (colic, crying, vomiting), perhaps 'intrauterine pre anxiety' (Greenacre, 1952). His libido thus narcissistically fixated by "primal anxiety" in the neonatal period, interfered disastrously with normal ego development. Maternal overprotection further interfered with the process of differentiation basic to the formation of true object relationship and acquisition of ego functions. The balance between introjection and projection had been disturbed at a time when these mechanisms are crucial for the differentiation between self and not-self. Repetitive vomiting, i.e., disturbance between intake and outgo, could be the physiologic analogue of this. But it is because the total dynamic economy appeared to be disturbed, that one cannot exclude the contribution of hereditary factors.[†]

Present Status

In the familiar surroundings of his nursery, where the children, for all their aggressivity, show a high degree of tolerance for individual differences, Bobby is able to function well. He does everything the group does, but at a noticeably slower pace, with much less intensity and with autistic like lapses on 'bad days'. Though he now seems to enjoy himself, he is far less spontaneous than the other children. His facial expression often bears the stamp of anxiety and discontent. He is still too easily interrupted in any activity by extra routine stimuli, as though he were ever on the alert. Tactual hallucinations (rain on his face) were twice picked up by the teacher. On his 'bad days' it is difficult to draw him into activity, on 'good days' he can be singled out only by careful observers. 'Bad days' usually precede an illness or follow immediately after an illness. He still drops out of an activity, if he is hurt, no matter how slightly. His parents report much progress. He no longer dogs his mother's foot steps. He is not so repetitious, he willingly remains with

[†] Following Carol a premature baby who therefore also experienced a fortuitous interference with the continuum of intrauterine and foetal life and also fell under the influence of the mother's symbiotic needs shows neither overwhelming anxiety nor restriction of ego functions. A detailed study of this child is planned.

the maid or with the paternal grandparents [whom he repetitiously (1) questions about their age and death], while his parents are away, he can ride on the subway with his parents, he can talk with people when they go visiting he is much less cowardly in physical activities (which is a mixed blessing for his parents, who have a very low tolerance for aggression), he is more spontaneous with his parents, and likes to tell them of his achievements in school (In the light of his anal-erotic tie to his father, it is noteworthy that even after he began to turn out quite adequate work bench products, he would still save primitive dough and clay masses to show his father) Through their treatment⁸ the parents have learned how to talk with Bobby about the death of his grandmother and subsequent events⁹

Prognosis and Further Treatment

Excellent as Bobby's growth has been thus far, we cannot evaluate it prognostically. The evidence points unmistakably to a stronger, more autonomous ego. How much this change is dependent on his symbiotic attachment to the nursery, if one may stretch the concept a bit, is a speculation. It may be that 'such continual infusions of borrowed ego strength [as he has been receiving] may have to be continued for a lifetime' (Mahler, 1952). But it is also possible that deeper psychotherapy may succeed in neutralizing successive layers of the patient's anxiety, which will make available inner sources of ego strength. At the very least, it should shed some light on the suitability of psychoanalytic treatment for children with such severe object disturbance. Discussion of theoretical problems such as the nature and criteria of intrapsychic changes, which take place in relation to psychoanalytic therapy as distinct from educational therapy (*Heilpädagogik*) and from maturational changes, will be postponed until after psychoanalytic therapy has been applied.

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⁸ We regret that space does not permit a discussion of the work with Bobby's parents which is part of the team work approach of the Center.

⁹ In the nursery death was talked out when the opportunity arose and related to each child's experience along lines previously reported by the writer (1911) and worked out with Bobby's teachers.

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THE CHANGING PATTERN OF TRANSFERENCE IN THE ANALYSIS OF AN ELEVEN-YEAR- OLD GIRL

By SARA KUT¹ (London)

This paper has been stimulated by Selma Fraiberg's article "Transference in Child Analysis" (1950). She comes to the conclusion that the material she describes did not permit the use of the term 'transference neurosis' " . . . for we saw no evidence that the child gave up his neurosis in the course of therapy and centered it anew on the analyst and the analytic situation'. She talks of the "extension of symptoms into the analytic situation, since these are not relinquished in the child's daily life, and of the child in analysis reliving his neurosis on the familiar home ground. Her paper concludes with the question

At what age can we expect to find conditions which favor the development of a transference neurosis? It would seem that in puberty, when the instinctual strivings are revived but cannot be directed to the original objects because of the child's fear of the incestuous, it would serve the purpose of the pubertal neurosis to transfer the libidinal impulses.

However, in her work, she has found that

the original neurosis is still centered to a large extent on the sphere of the home and the infantile objects. We cannot yet speak of a transference neurosis. It may be that we are not justified in looking for a transference neurosis at any point before maturity. . . . it would seem that before the superego has become independent of the parents and before new objects are sought to replace the parents in the child's love life there can be no motive for the formation of a transference neurosis.

¹ Child Therapist, East London Child Guidance Clinic, and Hampstead Child Therapy Clinic. I am grateful to Mrs H. Hoffer who supervised the beginning of this case for the Hampstead Child Therapy Course as well as for the helpful suggestions she contributed to this paper.

What have other writers said about transference in child analysis?

Transference [says Berta Bornstein (1945)] is used with various meanings even in Freud's writings. Two of them may be more clearly differentiated. Transference in the broader sense may comprise all that goes on in the relation between patient and analyst, in the narrower sense it may mean certain emotional attitudes of the patient to his analyst that repeat patterns of his infantile relationship to his parents. The analyst may become the target of many of the child's sexual or aggressive impulses and occasionally and within a limited scope he may play the part of one of the parents. And yet as a rule no transference neurosis in the proper sense of the term arises. The symptoms are not centered around the analyst's person nor around happenings during the analytic session. There is no need for him (the child) to repeat his reactions vicariously since he still possesses his original love objects his parents in reality.

Anna Freud, writing on controversies about the technique of child analysis in her paper 'Indications for Child Analysis' (1945) states

it is an open and controversial question whether the relationship of the child to the analyst is really governed exclusively by a transference situation. Even if one part of the child's neurosis is transformed into a transference neurosis in the manner in which this happens in adult analysis another part of the child's neurotic reactions remains grouped around the parents who are the original objects of the pathogenic past.

Here, then, are a variety of views. Selma Fraiberg speaks of 'an extension of symptoms' into the analysis, Berta Bornstein states that there is no need for the child to develop a transference neurosis since he still possesses his original objects, his parents, and Anna Freud is of the opinion that the relationship between child and analyst is not really governed exclusively by a transference situation. If the child's libido remains attached to his original objects throughout the analysis, as Selma Fraiberg maintains, one would assume that resistances are to be found in relation to the material brought about parents and siblings, and that the transference does not provide the strongest resistance as Freud (1912) described in his paper 'The Dynamics of the Transference'.

Anna Freud's statement that 'part of the child's neurosis is transformed into a transference neurosis' implies however, that there are at least times in the analysis of a child when transference does constitute a strong resistance. This I think can only take place when a transfer of libidinal impulses has occurred. I am referring here to the different types of transference Anna Freud has distinguished (a) transference of libidinal

impulses, (b) transfer of defenses, (c) acting out in the transference Selma Fraiberg maintains that a transfer of libidinal impulses does not occur for the reasons quoted above and that although the child displays his affection for us, his dependence on us and at times his anger and jealousy of other patients, we only share these feelings with his own parents and at that, we must say that we usually obtain such emotional reactions in a more diluted form than they appear in the family relations

From the observations I have made it seems to me that the different views expressed by the writers quoted earlier can *all* be found in the analysis of a girl I have treated for three years now Transference reactions differed at the beginning of the analysis from those observed later on, and I shall try to illustrate the nature of their difference Moreover, a repetition of symptoms and conflicts in the analysis, or their extension² into it, could be noted at other times I shall try to inquire into some of the motives for these varying reactions

SUMMARY OF BACKGROUND

Joy² was ten and a half years old when she came for treatment. She is the eldest of—now—six children three boys and three girls The youngest boy now aged ten months was born during the last year of treatment Joy was referred to us because of a severe learning inhibition which—at school—amounted to pseudodebility Her parents intelligent cultured middle-class Jews had done everything they could think of to help her overcome her difficulties but their efforts did not meet with any success

Although the parents are such pleasant people both of them have considerable problems of their own The father suffers from insomnia which proved to be the cause of his release from the Army and the mother is herself an obsessional type of person whose major defense is denial Moreover it has become clear to me that she seems to find it most difficult to cope with the demands which both her husband and her six children make upon her

When I met Joy, she gave the impression of a charming girl of slight build and dark complexion She had long thick dark plaits and grey eyes. She is a gifted child with a keen sense of music a good voice and considerable ability in drawing Teachers her parents and any adult with whom she came in contact were wont to remark what a pleasant child she was how well balanced kind and thoughtful and what a good example she set her younger brothers and sisters dealing with them in the spirit her parents would wish No one could understand her learning difficulties since she had an apparently easy social manner and made superficially quick and good contact. She did not appear to suffer from her backwardness at school in spite of the fact that her younger sister

² This child was treated at the East London Child Guidance Clinic which is under the direction of Dr A. Bonnard.

and brother were at the top of their forms. In fact, she had given up competing with them, along with all activity. Denial was one of her strongest defenses—it was a 'family defense' which even much later in treatment recurred after a holiday. 'In our house, one is not afraid,' was a frequent statement after absences from the clinic. (This 'family defense' has been considerably modified in the course of Joy's treatment, as the mother especially has gained some insight into it.) Outwardly so apparently well adjusted, Joy in fact presented the picture of a child with a rigid obsessional character formation, with strong reaction formations against aggression and feelings of envy and jealousy. Severe masochistic tendencies interfered with any success she might have had with her ability to draw. Her social relationships were described as satisfactory, though later on I learned that this was not so.

Joy's libidinal development and her object relationships had been disturbed on almost every level. She had been a delicate child and the local Welfare Clinic, run on Mothercraft lines, had impressed upon the mother the need to treat this child as a 'vegetable marrow' and to keep her as quiet as possible, which meant that she spent long periods alone in her pram. Later on the mother accused herself of having followed advice which went against her own intuitive feelings. A nanny shared the care of the child with the mother, who had to leave Joy sometimes for days, to accompany her husband on one of his many business journeys.

Habit training again in accordance with advice from the Welfare Clinic, was far more rigidly observed with Joy than with any of the other children.

Very early defenses against aggression were noticed by both parents. Even as a tiny girl of about two or so her parents were amazed to find her so kind and sensitive to other people's misfortunes. For example, she would never make one of the remarks commonly made by children without any inhibition, when meeting a cripple, or a beggar in ragged clothes. She could not have been more than three when, out walking with her parents, she noticed a one-legged man. Only when he was a long distance away did she turn round to make sure he was out of earshot and then whisper something about 'the poor man' to her parents.

Between the ages of two and a half and three she had an anxiety attack at the sight of a bearded man at a children's party to which her father had taken her. Shortly before this incident the family had evacuated and for the first time Joy was sharing her parents' bedroom. A week or two later, her father joined the Army. She was alone with her mother for most of the time, but father came home for week ends and occasionally mother and daughter joined him near his camp. At those times Joy had to share the parents' bedroom. She was about three when her sister was born and during this time she was separated for about two weeks from both parents staying in the house of friends. Her mother has told me that she believes this must have been a very unhappy time for her daughter who was not only feeling lonely and rejected but was exposed to watching the family life of their friends. From about three onwards, it was rejected her personality seemed to have changed. She became less spontaneous.

more timid and withdrawn. The birth of a brother followed a year later, and the beginning of school life coincided with evacuation to a boarding school. She was accompanied by her younger sister but mother and the baby brother remained behind.

The main task of the analysis has been to understand the mother-child relationship in all its ramifications. And it is here that the changing nature of the transference can best be described.

Much of the material Joy brought was presented in the form of drawings. Since she is very gifted, she has from the first session used her interest in drawing and painting in order to express her fantasies. To begin with, her pictures showed a strong obsessional trend, they were rigid, often unreal, and always spoiled by her need "to undo"—one of her major defense mechanisms. She had particular difficulty in drawing people. As the analysis progressed, her pictures improved correspondingly. Occasionally, drawings were used as illustrations to stories she invented. Some of these were highly original. On the whole, Joy talked spontaneously, though resistances showed themselves by the withholding of material and in stubborn, long silences. Although she sucked her thumb at home as well as at school, she only began to do this in the sessions after some months. Her sense of orientation was poor, and for the first nine months her mother accompanied her on her daily visits to the Clinic.

Part I

In the third month of treatment, Joy complained at length about the presence of other patients and decided that I had far too many children. The more children I saw, the less time I had to devote to her. To her friend she talked of me as some kind of "fairy" whose wand would procure all she wanted. And one day, as she was leaving, she burst out, "Coming here is like a treasure hunt—it's fascinating what you can find out!"

This fantasy of the "omnipotent" therapist as well as her complaints about time, proved to be directly transferred from home, where she regarded her mother as an "omnipotent" person and derided her for having so many children, because "the more children there are the less money there is to go round."

The particular nature of her demands became more apparent in the subsequent sessions and her sibling rivalry was more specifically directed toward one particular boy.

Joy expected me to obtain a bicycle for her, and her dolls needed shoes and socks which I was supposed to provide, too. Finally she de-

manded a mackintosh and a pair of wellingtons for her dolls, which I was to make for an already extensive wardrobe. Side by side with these demands went a great deal of aggression and jealousy toward the other patients, especially one adolescent boy. Having met him, instead of facing her jealousy of this boy she identified with him—a very Jewish-looking boy—as Mordechai in the Purim story,³ and projected onto me the hatred and violence she felt by assigning to me the role of Haman. By the following day, however, she had decided, "I have no choice but to be Haman!" Slowly she could recognize her identification as a defense, and it became possible for her to talk about her aggression toward me because she thought I favored this boy, without too much fear of the consequences of her hostility (to be hanged like Haman). Following this material, she was able to verbalize a fantasy she had about her seven and a-half-year old sister who was nicknamed "Tom"—short for tomboy. Joy had a fantasy that her sister, the second child in the family, was "a boy in disguise."

Although the wish for a penis, and complaints against her mother for not providing her with one, dominated the content of the early sessions, the fantasy Joy had about her mother at that time was that of an "omnipotent," all powerful person. This fantasy first emerged in the transference, where I was likened to "a fairy" in whose power it was to fulfill all her wishes. The passive character of this child showed itself particularly strongly here, since there is no active attempt to seek some way of satisfying her own wishes. Moreover, an excessive oral demandingness, if not oral greed, divorced from any appreciation of reality, as in her demand for a pair of wellingtons for her doll, was introduced in the transference. A strong aggressive element often made these sessions almost intolerable for me. She would stand over me and watch the progress of the doll's garment like an "overseer." If I was too slow, I was sure to be reprimanded.

At that early stage, sex differences were denied and adults and children were thought of as "fairies"—sexless creatures. Her sibling rivalry was also first introduced in the transference and directed toward siblings *in general*.

³ Purim is a Jewish Festival celebrating the victory of Jews over Persians during the reign of Xerxes (485-465 B.C.) This victory had been facilitated by the Jewish Queen Esther. As an unknown, but beautiful, girl and encouraged by her uncle Mordechai, she had won the King's heart. Mordechai had saved the King's life, for which high honors were bestowed upon him. Haman, the Persian Grand Vizier, envied him his influential position and began to plot not only the downfall of Mordechai, but of all Jews in Persia. The Queen, with the help of her uncle Mordechai, discovered his designs and brought about Haman's downfall. He was beheaded by the very gallows he had built for Mordechai. Haman has become a symbol of the archenemy of the Jews.

Next we saw the emergence of her jealousy of the boy whom she believed me to prefer. Defenses could first be detected in the transference. To overcome her jealousy she first identified with the object of her envy. The therapist was allotted the role of the torturer and murderer Haman.

Several aspects meet here. This child's severe superego could not permit any expression of hostility so she at first projected it onto the therapist who became the murderer. But this could not be upheld and she now accused herself of being Haman who is in turn duly hanged for his murderous intentions. Here one can see how she turns the aggression against herself but there is another more direct factor involved for her aggression toward me—the mother—is expressed by ascribing to me the role of Haman who is eventually hanged. This is the first indication of the severe death wishes directed toward the mother. Now once she had been able to face these conflicts in the transference she could accept them as belonging to her relationships at home. Since these were vitally alive—that is libidinally cathected—it was too dangerous to face them outright. Transference interpretations thus paved the way for the conflicts centering around the family. It is of importance that the material only changed and progressed as links with the home situation—both past and present—were established.

Selma Fraiberg's arguments are borne out. The transference was used as a defense against the recognition of unconscious impulses directed toward the mother and siblings more particularly the second sister. Selma Fraiberg's remark that the child fears his impulses may bring about an objective danger situation is most relevant for transference interpretations at that stage aided the development of the child's reality testing—since she still believed in the omnipotence of thought—and thus enabled the ego finally to accept her instinctual wishes. Joy also did not direct her libidinal impulses toward the analyst but directed them once more to the original objects (Selma Fraiberg). Furthermore I agree with Selma Fraiberg's statement in regard to the technical problems which are encountered in interpreting transference reaction to children. I cannot say from my experience that I can credit the analysis of transference reactions with being the powerful agent of therapy in work with children that it is with adults.

Part 2

External events interfered with the progress of the analysis. At the beginning of the second year both parents decided to go abroad for one month. The analysis was largely taken up with Joy's reactions to this

event. During the absence of her parents, the analysis was unproductive, and shortly after their return we learned that the mother was pregnant. The long wait until the birth of the baby gave ample opportunity for the analysis of sibling rivalry, death wishes directed toward them, castration wishes directed more specifically toward the younger brother, and, of course Joy's intense penis envy, as well as her fear that this new baby might be a boy. Joy thought of many different ways of disposing of the baby, which could be understood in terms of repressed fantasies and death wishes she had had at the time of the birth of the other brothers and sisters. Hostility toward the mother, as well as the material around the siblings was first brought in the transference, as described earlier, and then linked up with the appropriate object.

A Soon after the birth of the baby boy, toward the end of the second year of treatment, I began to notice a curious situation. She openly expressed her hostility toward both parents and siblings and apparently did not show any defenses against it. There seemed to be no resistances, and the material about home was accompanied by a great deal of affect. While making allowances for the present, painful reality situation which contributed to her feelings of loneliness and isolation, especially her distress at seeing so little of her mother and linking it with past reactions to yard past pregnancies, and, furthermore, making allowances for the working through of her affects and linking those with the appropriate content, since isolation of affect and content had been another of her defenses—I felt, nevertheless that we were not progressing.

She strongly resisted the discussion of any transference material, yet, reaction formation against her jealousy of other patients was very noticeable. For instance, she was careful to leave paper and pencils in good condition for them. Not only did she defend herself against her jealousies of other patients with mechanisms similar to those she had used at home, but she was acting out in the transference. Eventually, a change of time I had to make brought the material to a head. There were endless complaints of the neglectful treatment she received from her parents especially from her mother. She denied that these feelings belonged to her relationship to me and accepted the change of time apparently well. She was able to understand her own jealousies at home as well as those of her brothers and sister. She described even her father's jealousy of the new baby and his feeling that the children were taking up too much of his wife's time. Using identification with me—the therapist—in a positive way she became therapist to the family. Since the arrival of the baby, her five year-old sister woke at night and called for her mother repeatedly. This added to the general irritability of everyone at home. At last Joy

took it upon herself to say to her mother, 'Do you know why Rachel is having a sleeping problem? It's because you have no time for any of us just now, you don't even kiss us goodnight! The mother took her daughter's advice and the sleeping problem of her youngest daughter cleared up. While her identification with me helped her to deal so successfully with an irritating situation, I nevertheless asked myself why she identified with me just then.

The answer was not long in presenting itself. An outburst of anger against me in which she accused me of neglecting her nowadays like her mother, showed that the nature of the transference had changed. However, before verbalizing her hostility toward me, she had to make sure that I knew of her positive feelings for me, and the subsequent material, dealing with her hostility and aggression was analyzed against the background of a positive relationship. Her wish to be 'my baby' was in the foreground. She accused me of having cared for her only when she was not yet able to take interpretations—in those days when she was my analytic baby, she had the fantasy that I had given her more things, including time, and had been much kinder to her. She accused me of wanting to finish her treatment, so as to make room for the next patient. I would like to stress here that the material was not brought directly, but in terms of accusations against her mother who preferred the baby, who 'spent hours feeding him and who neglected everyone for this blue-eyed curly haired newcomer'.

One day Joy, a reserved and extremely well-mannered girl asked for a cup of tea the moment the session was over. This was unheard of, although she had seen other patients having cups of tea in the waiting room. And could she please have tea with me? Here we were able to deal with oral frustration reactivated by the mother's breast-feeding of the baby, and I learned that Joy was known to be one of the greediest eaters in the school. She told me that she often finished the dinner of other children. In that context I also heard from her that she often stole sweets. It seemed then that she had to repeat in the transference earlier oral experiences. The demand for satisfaction was not directed toward her mother, but toward her therapist, though she clandestinely helped herself to what she thought her mother was not prepared to give her voluntarily at home.

This was also the period of strong resistance. Although Joy was never idle, we had long silent sessions in which the "withholding" of material seemed to be the most outstanding element. She also changed from the use of crayons to paint and often made what was, for her, an un'oly mess. Silences, alternated with provocations and aggressive outbursts,

had to be "undone" as soon as possible. The transference relationship was of a sadomasochistic nature and we could see how the ambivalence influenced her mental processes. Whenever we saw a link with her learning difficulties it was, of course, interpreted. When we discussed her oral frustration in relation to the breast feeding of her brother, for instance, it was evident that since she did not permit him to enjoy the breast, 'to take in' the good food, she had, in accordance with her defense mechanism, to turn it against herself and forbid herself any "taking in," which contributed to her inattentiveness at school. Arithmetic was her special problem. Numbers had a variety of meanings. Firstly, they reminded her of excreta to which she referred as "doing numbers" (Habit training had been a rigid and quick affair. Anal drives were repressed and turned into reaction formation). But numbers were also called 'figures, and figures stood for people. She remembered her first weeks at school and her bewilderment at the sight of numbers—figures. She used to turn to the girl next to her and ask what it was all about. This memory was actually 'remembered in the transference.' For days she plagued me with questions like, 'Please tell me how I should draw this,' or, 'Is this the right way of doing it?' These were nonsensical questions coming from Joy, the expert in drawing. Only when this was interpreted as a transference manifestation did she remember the actual episode at school. Once she had remembered this episode we also learned that it occurred at the boarding school to which she had been sent shortly after the birth of the third child and first boy. The number figures reminded her of her sadistic wishes against mother and baby brother who had remained together in London. Subtracting—i.e., taking away—was linked with her castration wishes and therefore forbidden. Adding was also taboo, since it conflicted with her denial of the sex differences and was associated with her wish to have a penis. The splitting of her ambivalent feelings also had its counterpart in her learning problems. Here it was the reversal of "splitting," namely, the "bringing together" of two concepts, which was quite beyond her powers of comprehension, and at this stage of the analysis we saw it as an association of her wish to keep the mother and baby apart.

For the sake of clarity I cannot go into all the ramifications of this part of the analysis, and there was, of course, a great deal of overlapping of both oral and anal elements. Moreover, since regression to the anal phase had taken place, with strong oral elements—the thumbsucking and the character trait of overdemandingness—the analysis of this period took a long time.

B Phallic material had been present for some time but although the wish to be a boy baby so as to be close to her mother had been interpreted it only now became clear that Joy had a fantasy of in fact being a boy. We had discussed the difference between the sexes which was accepted on a general level, but not applicable either to herself or her family.

Her wish to be a baby boy gave way to identification with her father whose place she coveted for it would bring her yet nearer to her mother and put her into a more favorable position with more exclusive rights than a child could have. Again I found that she was able to understand her relationship toward her father at home while the father role she adopted in the transference was far more difficult to deal with. She showed considerable curiosity about my private life and noticed when I wore a different frock. One evening she arrived late for her session I had to finish on time and told her so. I was also wearing a frock she did not know. The following day she complained about her mother who had no time for her and was preoccupied with other things while they were together. When I took this up in relation to the transference she denied it vehemently only to continue her complaints about her mother. Mother had been most impatient to be gone—she wanted to go to the cinema with Daddy! Mother was not nice at all since she had her mind on other things. If it isn't die other children it's Daddy! She fantasied that I would go out and enjoy myself in the evening and that might lead to marriage and my giving up my work for one could not do justice to the needs of one's patients and at the same time have a husband let alone children. (This was of course a very special problem at home.) There was also the wish to marry me.

This part of the phallic phase was characterized by Joy's oscillating between being my husband and my son. In her part as husband she identified with her father while one could observe a change in her conception of the role of the son. Early in treatment she seemed to identify with members of the family taking over their manner of speech for instance lapsing into baby language. At the period of treatment which I now speak her identifications were those with other patients. For instance I noticed that she began to speak Cockney. Joy had little opportunity to pick up this particular brand of Cockney outside the clinic. It was an identification with the least likable aspect of the boys and girls she met in the waiting room—an identification with the aggressor since these children represented the aggressor at the time. Joy found it extremely difficult to leave. The end of each session was drawn out as long as possible—partly to delay the next patient and

deprive him of part of his session, a manifestation of her castration wishes against the boy patients—but partly it was due to separation anxiety. This became especially acute during a holiday break when she voluntarily asked for a session. "I might die. . . . It'll be up to you . . . ," were her opening remarks. Death wishes had prompted the urge to see me, but again in keeping with her defenses, she had turned them against herself and feared she might die. When we had discussed this, she was able to enjoy the rest of the holidays.

Her drawings developed in a most remarkable fashion, so much so that she won a competition set by a women's magazine and became the outstanding "painter" at school. At a birthday party she dressed as an artist, complete with corduroy slacks, flowing beard and moustache. Her pictures were her penis with which she could exhibit and by means of which she would conquer those she loved and achieve the recognition she had felt was so long withheld from her. This was a perfectly legitimate displacement—for as yet it was not a true sublimation, I think. But while her interest in art was aroused, she found it very difficult to concentrate on any of her other lessons. These only improved when I had understood the importance of her pictures being the "only one" achievement. Since they were a penis substitute, there could only be one. But they also stood for the "only child" she would have liked to be. "I am afraid I shall neglect my painting, if I get just as good at other subjects. . . ." One cannot have several children and do justice to them all.

Most children keep their achievements out of the analysis for a variety of reasons. But Joy began to boast of her successes. Often I learned of them days before she would tell her parents. It seemed that she used her skill at drawing in her identification with her father. Since she was "my husband," she had to impress me—woo me—with her drawings (penis). It was imperative that I liked them.

In this part of the analysis we can see that sex differences are generally accepted, but denied as far as they concern the family. Her sisters were "boys in disguise." To win the mother by means of the male genital was its sole purpose. On one level it was to be her boy child, to be cared for and fussed over as she had observed her mother care for the subsequent five brothers and sisters. On a deeper level, the penis wish was based on identification with her father and the desire to take his place. The analysis of this part of the phallic phase resembled the analysis of a boy. She was, to all intents and purposes, a boy, so tenacious were her fantasies. Interpretations were experienced as "castration." I was the castrating agent, the phallic mother in whose power it is to castrate her

child and who, in her fantasy (and here is the difference between her analysis and that of a boy), had actually castrated her

C Hitherto the object of her fantasies had been her mother. To be nursed by her passively or to be in possession of her actively, in identification with her father, had been her aim. Now the object changed for a brief period. To be a boy child would also bring her nearer to her father, and one of her desires was to accompany him to the men's part of the synagogue. This, of course, covered other fantasies of wanting to watch and observe him in other, more intimate places and finally a masturbation fantasy of mutual touching of the penis.

It seemed in this second part of the analysis that, having relived the conflict of the *regressed phases* 'on the familiar home ground' (Selma Fraiberg), she now once more had to work them through in the transference. The first example of this kind puzzled me a great deal. Here was a child who had not only accepted her own jealousy of her brothers and sisters as well as that of her baby brother, but who could deal effectively—admittedly by identification with the therapist—with a highly emotional situation. Why could she not accept the jealousy of other patients? Why did she have to defend herself against it by reaction formation and identification? And why, once we had worked through her resentment against her mother for caring only for babies, etc., did we have to go through it all once more in relation to the therapist? How was it that she could accept the envy of her father and cease acting out on it at home, when she continued to be 'my husband' at the clinic, and only gave up her father identification when we had worked through her fantasies around the therapist? And that seemed to be the crucial point. Unlike the earlier period when transference reactions "paved the way" toward the acceptance of impulses directed toward the original objects, *the process was now reversed*: the material only progressed when we had worked through *transference reactions*. Does this not imply that the libidinal cathexis had shifted to the transference? I have tried to understand some of the motives for this transference. It seemed to me that the disappointment Joy had to face at home—the real frustrations at the birth of yet another baby and a boy—coincided with, or furthered an inner readiness to give up the original objects of these conflicts. Ordinarily, the birth of a baby does not affect a girl of Joy's age, who was twelve years old at the time, quite so deeply. Most girls would identify with their mothers and thus be able to accept the baby. For obvious reasons, Joy was unable to do this.

Part 3

A The transference picture began to shift. I did not find it easy to follow its changing pattern. Sometimes the emphasis seemed to be at home, or at the clinic, or quite frequently at school. The object was still the phallic mother, the mother who had everything at her disposal. But now she envied her mother's possessions, mostly her clothes, her children and her husband. For instance, she was very proud to wear some clothes discarded by her mother, who was of slight build and rather short. Would she ever have such lovely evening clothes? And her mother's children were so specially nice—how could she ever equal her mother's achievements! She became very demanding at home and asked for new clothes which she did not really need. Art became an all-absorbing interest and she often insisted on staying up late at night in order to finish a picture. This led to disagreements with her mother, who wanted her to be fresh for school in the morning. Joy projected her own envy of her mother's possessions onto her, and accused her of envying Joy her pictures. She had a fantasy of becoming a famous artist and holding a one-man exhibition. To this exhibition I, her therapist, would be invited, and Joy would introduce me to her colleagues with, 'This is the woman to whom I owe my success!' Needless to say, I had remained an obscure psychologist who would also envy her her success. When the projections were analyzed, it was Joy who identified with me as therapist. My profession stood for my penis, and Joy herself became the 'local therapist' now. She had long talks with a six-year-old boy who was unhappy, moody, and did not get on with other children. He soon poured out his troubles to her and told her of his jealousy of his older sister, who had so many more privileges. Joy asked him, 'Do you think the younger one is, the less one gets?' He agreed, but then told her of his jealousy of his younger sister. However, when we had discussed her identification, she got tired of it, and reported after a week, 'He's still wailing so much!'

At school she found it very hard to continue with her work for a particular teacher. He had asked her for a present of a picture, but she found it well-nigh impossible to do this. How could she present him with a successful picture (baby) if his wife was such a wonderful person and had given him three lovely children? In the end she drew a picture of a donkey, which of course disappointed him enormously. The donkey was herself—the stupid girl. Her newly developed friendships at school showed a similar pattern. She coveted the exclusive friendship of a girl in her form who already had a close relationship to another girl, which was well known to everyone, and it became a constant source of irritation.

to Joy. Instead of finding a positive solution to this situation, she would tell me how nice her rival was, how popular and how impossible it is for her, Joy, to become like her. Her schoolwork too suffered, since she was preoccupied with showing everyone—parents, teachers, and myself—that she was a stupid person, as compared with her mother. It was not worth while pleasing anyone, least of all herself.

The shift of libidinal cathexis has continued throughout the analysis. This may be due to the fact that Joy, on entering puberty, was now faced with conflicts of the present, rather than a repetition of past conflicts.

B In the last part of the analysis we saw the envy of the phallic mother. Next we see the recurring wish to present the mother with a baby, in identification with the phallic mother. At home, this took the form of being most helpful in the house and with the children, trying to ease the mother's burden whenever possible. Both parents found her more approachable and a pleasant and cheerful companion. The wish to please prompted her to ask for a tutor, to help her catch up with the very severe scholastic retardation. She approached her lessons in such a positive way that she covered five years' work in a few months. Her school work as well as her pictures were 'presented' to her mother or to me.

Joy no longer carried herself like a much younger child, but asked for adult clothes and this time was able to achieve what she wanted. The wish to be grown up and take her place alongside the adults in her life was no longer a fantasy, but was incorporated into her ego, which thus developed and widened in scope and interest. For instance, Joy had planned to become an illustrator of children's books, but now decided that she did not want "to illustrate other people's ideas" and henceforth, she would make a name for herself as a children's artist.

On the basis of these fantasies, however, Joy continued to demand of the mother and of myself, a unique place in our life. When she was brought face to face with reality she quickly gave up her newly acquired role of adult, based on identification with the phallic mother, and regressed to that of "mother's baby." A sudden death occurred in the family, which made it necessary for the parents to be abroad for some weeks, and her mother met the father, who had gone abroad for some time, on a business journey some days earlier. In spite of her parents' absence, the analytic work continued. Joy was disappointed that others, too, had a claim on her parents, and she increased her demands on me. She was very angry with her parents and turning passive into active, she left me for several sessions, as her parents had left her. She had fantasies of falling desperately ill and thus bringing about the speedy return of her parents.

This was acted in the transference when she did, in fact, succeed in worrying me sufficiently one Friday to evoke from me a promise to 'phone the next day to hear how she was getting on. When I 'phoned, I was told that she had gone out with friends. I was surprised, since she had really seemed ill the previous day, moaning and groaning for part of the session. Just as she wanted to bring back her parents by falling ill, so she also wanted me to care for her over the week end. (Incidentally, it was also interesting to see how much she "worried herself," and one could imagine that an internalization of this particular situation might lead to a most disturbing character trait.) However, on Sunday evening, before her return on Monday, she 'phoned to tell me she could not come for her session on the following day, nor the next one. I knew this to be a piece of acting out and proceeded to interpret, only to realize after a moment that I was speaking to myself. She returned shortly, did not apologize, and I was rather curt. When she eventually returned for her sessions, she projected her anger onto me. I was cross with her, she said, because (so she thought) she had interrupted a "tête à tête" with a young man. She fantasied that I might drop her for the sake of this person, just as her mother had always dropped all her children—and had done so now—for the sake of her husband.

During this session she also decided to do book illustrations after all, and only paint her own pictures in her spare time. Here we have an interesting link between the regression in object relationships and regression in ego activities. This fantasy also contained a transference element of identification with me. She had the fantasy that I "lead my own life in my spare time only." The identification further served as a defense against the amount of aggression she bore against me. Once we had understood these fantasies, she was prepared "to take on the whole of Europe" in a competition for an art scholarship. A trophy would be presented to the school of the successful entrant, and Joy was eager "to do something for the school."

C. The passive wish for a child was also directed toward the phallic mother long before it emerged as a positive oedipal wish. In the transference I saw it mostly as a certain helplessness about the composition of her pictures which was quite new. I had to provide "the ideas" (sperm) for her pictures or discuss technicalities of her school work. The most striking incident occurred at the end of term, when she had to sit for her examinations and therefore did not attend the clinic. She was in a complete panic, not only about the ordinary lessons at which she had done quite well, but also about the examination in art, which had never caused

her any anxiety. Daily telephone conversations took the place of the sessions. She invariably led me to interpret until I realized that interpretations stood for babies she demanded from me. The examination results were, incidentally, far better than any she had hitherto achieved.

Part 4

The first sign of the collapse of the fantasy of the phallic mother could be seen on her mother's return home from the bereaved relatives as well as in her attitude toward her grandparents who had lost a son. Roles were reversed: grandparents and mother were treated as objects of pity and compassion. They had to be looked after. In short, by reversal and identification (with her mother) she became the parent who cared for her mother—the child. Soon she was comparing her own size with that of her mother, who is a little shorter than Joy. She mused:

Perhaps Mummy used to be as tall as I am but now she has shrunk. People do shrink as they get older. Although this fantasy speaks for itself it is an important step in the relationship between children and parents. The thought of an aging mother has been pursued further. As her aggression toward her mother became more pronounced she was able to talk of the time when her mother will in fact be an old lady dependent on her daughter Joy. She gleefully told me how she will turn the tables on her mother and restrict her! She will for instance control her mother's visits to the cinema, her outings to the West End and she will not allow her to stay up late in the evening! Since then we have been discussing—and this part of the analysis is not yet completed—her mother's shortcomings as well as the shortcomings of all her children. Joy repeatedly told me that she thought she would manage the children more successfully than her mother who continued to deny some of their difficulties and one day she remarked shyly: I think I'm cleverer than Mummy!

The collapse of the fantasy of the phallic mother coincided with the onset of menstruation. It is tempting to speculate whether these two events bear any relation to each other. Joy herself wondered whether the wish to grow up can affect the rate of physical maturation. She has started to menstruate about two years earlier than did her mother and this has added to Joy's feeling of superiority over her mother. The urge for independence has replaced the wish for a penis-child—which is now the demand for a room of her own, pocket money and freedom to choose her own entertainment and control her own life. For the first time she has really come up against opposition from her mother who seems

to find it extremely difficult to let her daughter go. Complaints about the "interfering" mother are frequent.

The 'interfering adult' has several meanings. Although Joy has resented my suggestion that she also wants to be free of the analysis, the choice I gave her to make her own decision has helped her. The other aspect involved here concerns genital masturbation. As I have indicated before, Joy has been a thumb-sucker. Masturbation anxiety had been discussed earlier, but she defended herself against it by openly sucking her thumb, thus showing to all that she was not indulging in secret activities. She also read a great deal in bed and feared for her eyesight. This was interpreted as her fear of injuring herself by masturbation. Clitoral masturbation and mutual masturbation indulged in with her younger sister occurred at the height of her fantasy of possessing a penis. The clitoris was "the penis which would grow." When these fantasies were attacked by interpretations thumb-sucking increased, and it appeared that masturbation was too painful, for it reminded her of the lack of a penis. Stealing continued as a displacement of the forbidden activity—masturbation—and she was always successful in covering her tracks.

Now, although she had made great strides at school, she remained unable to assimilate any knowledge about geography and science. Hitherto, she had resisted any attempt to follow this up, but we now saw it as a displacement of the inhibition of her wish to explore and experiment on her own body, especially her own genitalia. She told me of her girl friend who masturbates without inhibition, and she herself likened the comfort this girl derives from masturbation to the comfort she herself derives from thumb-sucking. Genital "taking in" (the girl friend apparently masturbated by inserting a finger into the vagina) was thus equated by Joy with oral 'taking in' and she drew my attention to her recent preoccupation with the shape of the mouth—always the mouth of women. Fear of being found masturbating by her parents—the "interfering" adults—prevented her from genital masturbation. When I interpreted these anxieties, I learned that she had, for some time, identified with the "interfering" adult, stopping her five year-old brother from masturbating. Interpretation of masturbation anxiety and relating guilt feelings, as well as interpretation of the defense (identification with the aggressor), acted as "permission" to masturbate, and curiosity about adult sexuality flared up. The 'freedom to think—to experiment and explore' as well as the readiness 'to receive—to take in,' on a genital level, had already shown results in a new enthusiasm for intellectual activities and unlimited fantastic ambitions. Exhibitionism was the subject of her daydreams and

she had visions of herself as a famous pianist or ballet dancer, yet she made no attempt to translate these ambitions into reality, thus showing that they were true productions of adolescence. On the other hand, she worked harder at school in order to fulfill her great ambition of going to an art college. The discussion of her very legitimate demand for pocket money revealed petty pilfering which had gone on for a long time. The stealing was a substitute for masturbation as I indicated earlier—the forbidden activity—and her wish to be allowed to control the spending of her own money stands for her wish to be permitted sexual activity. The demand for pocket money, which she has been able to put to her parents successfully, also shows that she would much rather be given money than steal it, a further sign of genital maturity, instead of acquiring the penis by force, she is ready to receive it.

One more interesting development of her penis envy has recently emerged. Her place of 'the school's artist' has been seriously challenged only by a very gifted boy of her own age. For a long time he had been the cause of much envy and jealousy which inhibited her own work. The next stage was that she tried to identify with him, copying his style and methods. Her attitude then changed to that of a colleague who specializes in a different aspect of the same subject and finally he has become her love object. She is thrilled at the prospect of helping him with the design of the stage decor for a school play. Her interest in boys as love objects is not confined to this boy, however. She is exploring the personalities of different boys. Interest in the opposite sex is undisguised and the objects of her fantasies and daydreams are the boys at school as well as father figures in fiction, e.g., one of her favorite stories at the moment is Jean Webster's *Daddy Long Legs* and she was completely swept away by the 'musical' based on this story, identifying with Judy. In spite of the predominance of feminine strivings there is evidence of experimental 'change of roles'. For example she and her best friend invent short stories on an oedipal triangle theme. They take it in turns to be the lover, the rejected lover, or the loved object. The plays seem to be inspired by the more lurid penny halfpenny magazines which they both read secretly.

But what of the nature of the transference? Since we are still going through this phase, I cannot, as yet, survey the route the transference is taking. Two aspects, however, are outstanding.

(1) While she is active at home, she is passive in her relationship to me. For example, I have to solve her conflicts, supply ideas for her pictures etc., and the thumb-sucking which has been largely given up outside,

continues in the analysis. To date, it appears as if, in the transference, she has not yet reached the genital level of development, but it seems that she is repeating in the transference a passive homosexual mother relationship which belongs to the phallic phase. However, further observation is needed to corroborate this impression.

(2) The following is only one of many examples. Joy was gravely disappointed when I did not persuade her mother to let her go to the cinema in the West End, or to extend her bedtime to 10.00 P.M. However, it needed no more than one or two sessions' analysis for her to find her own way to deal with her mother. If to be active means to be aggressive, Joy's first reaction is still to give up activity, even though it also means the giving up of some dearly loved project. Interpretations free her once more to pursue her own way. This, to my mind, implies that her infantile superego is identifying with the superego of the therapist, for she aims at setting her standards by those of the therapist, who seems to have replaced the original objects of identification who contributed to her severe superego. But here again, I feel, it is too early to draw any conclusions, though one can see that in her struggle to become independent of the parents, she relies on the therapist to support her ego in finding a solution between the demands of superego and id.

The thumb sucking, which has been analyzed in many different directions, has been retained at the clinic, as I pointed out earlier. Its decrease will probably be a measure of her growing independence of the therapist.

SUMMARY

1 *The Course of the Analysis*

It is possible to trace the long and arduous libidinal development of the girl throughout this child's analysis. One wonders what has contributed to the strong mother attachment, and at which point the child began to regress. I find it difficult to attribute Joy's severe neurosis to any particular trauma. It seems to me rather that it is a reaction to a series of traumata as well as to the particular pressure from the environment. The mother has told me of her handling of this child during the oral phase, and of severe habit training. We also have evidence of very early reaction formation against aggression. Since I have come to know this mother more closely, I have realized that she is unable to bear any aggressive manifestations in either herself or her children. Ruth Mack Brunswick (1913), in her paper, "The Preoedipal Phase of the Libido Develop-

ment describes the infant's growing activity which gradually replaces more and more of the early passivity. Activity on the part of the child however, implies aggressive tendencies expressed toward the mother. 'The child reacts to her [the mother's] very presence with a kind of primitive defensive aggression which is a by-product and protection of its activity as well as the defense against its originally barely overcome passivity' (Mack Brunswick, 1943). It seems to me that Joy's early strivings toward activity have been inhibited at an early age just because of the mother's intolerance of aggression. I have never been able to gather relevant material about the weaning stage but the oral elements which were present, both in symptom formation (dumb sucking greed stealing) and in character traits led me to assume that frustration may have been too severe. We are told of anxiety attacks at the sight of a bearded man around the age of two and a half years. At the same time she seems to have become aware of crippled (castrated) people. Since this example was given to me independently by both parents it probably stands for a phase during which she displayed interest in the maimed and disabled. These incidents appear to have coincided with her first stay in the parental bedroom at night and with her father's departure into the Army. Both these incidents have been worked through in the analysis and there has been ample material to show the traumatic effect of the primal scene as well as that of the separation from the father. Joy had become aware of sexual differences to which she seemed to have reacted traumatically and the primal scene as well as the father's departure all seem to have fallen at the beginning of the phallic phase when she was faced with her active strivings toward her mother. The long period she spent alone with her mother seems to have strengthened her identification with the father and her determination to take his place. The occasional reappearances of the father constituted a threat to her exclusive relationship to her mother. The birth of a sister some time later and the birth of a brother at the height of the oedipal conflict facilitated the regression to earlier levels of libido development at which fixation points had been established.

The learning was closely linked with her object relationships and at that stage it just was not words while pleasing either parent since they had both forsaken her. She recalled her evacuation and finally the beginning of school where her mother had left her at the door to face the strange children and teachers alone. She remembered how she clapped the penny for her milk and felt completely lost and forlorn. She had no special ability and found it hard to concentrate. But one day she drew a picture which gained her praise from the teacher, who hung it up on the

wall. "That," she said, "was how I became interested in drawing. At first I wanted to have my pictures hung up, until, before long, I loved drawing and wanted to draw all the time!" The sadism of her sado-masochistic object relationships was contained in the learning inhibition, for in an intellectual family of this kind, success at school is highly valued. By not learning, she was turning the aggression against herself as well as her family, thus enabling herself to keep up an apparently positive relationship at home. I have already tried to indicate other contributory factors, such as the inability "to take in" knowledge, both on an oral and a genital level, which played an important part in the formation of this particular symptom.

(a) The analysis opens with the fantasy of an omnipotent mother, the mother of the prephallic phases, and we can see almost entire repression of active strivings. Sex differences are not only denied, but apparently nonexistent, and fairies are sexless beings.

(b) Gradually penis envy came to the fore. We had the fantasy of being the mother's boy-child, and later on the identification with the father which introduced what Ruth Mack-Brunswick calls the "active" oedipal conflict of the girl.

During this phase of the analysis thumb-sucking lessened and clitoral masturbation took its place. Joy and her sister had mutual games of masturbating and examining each other. Clitoral masturbation, however, seemed to be given up as soon as castration anxiety emerged. The narcissistic injury was too great, and masturbation was repressed. The mother remained the object of the girl's libidinal strivings and this part of the analysis, as I have mentioned before, resembled that of a boy. The active wish to give a child to the mother still belonged to the "active" or negative oedipal phase, just as the passive wish for a child still had the mother as its object.

(c) The onset of menstruation followed shortly onto the first material indicative of the collapse of the fantasy of the phallic mother and with it the hope for a penis, as well as the demand for a penis. Menstruation also gave her, I think, the assurance of the certain existence of the vagina, and genital sexuality began to manifest itself in a renewed interest in her sexual activity, with the father as the love object. The demand for freedom to masturbate stands for the demand to be active, to take charge of her own body (during menstrual periods), and thus extends to the demand to take charge of her own life.

It may appear from the schematic way in which I have tried to organize the material that these phases followed each other as coherently as I have described them. This was by no means the case since later material overlaid and distorted earlier fantasies. For instance, the fairy godmothers with their wand already indicated the fantasy of the phallic mother. Yet, there would have been little point in taking this up at that stage, since it was the aspect of the omnipotent mother accompanied by a complete denial of the existence of sex differences which predominated. And, of course, there was frequent regression to already relinquished phases of libidinal development as well as object relationships.

2 *The Transference*

(a) In the course of the recapitulation of the prephallic and early phallic phases the transference paved the way toward acceptance of aggressive and hostile thoughts directed toward members of the family, mostly siblings, regardless of their sex, because they stood between the child and her mother. Libidinal cathexis, however, seemed to lie at home, for the material only moved when the link between transference and home was established. Defenses as well as object relationships were transferred.

(b) The fantasy of being the mother's boy-child or her husband was first worked out in the family, but once the material had been worked through in relation to the original love objects, it was repeated in the transference. It seemed therefore that these fantasies could only be finally relinquished after interpretation of this material.

(c) Although the fantasy of the phallic mother had not yet been given up, the picture of the transference began to change. We saw how the emphasis shifted from home to school and to the transference. Sometimes it was in several places at the same time, sometimes one or the other predominated. One can speak here of an "extension" or a repetition (since extension implies a dilution which was by no means the case) of the material in these different places, all of which had to be worked and worked through before they were given up.

The last phase of the analysis has not yet been completed and it is therefore not possible even to describe accurately the progress of the transference in early puberty.

CONCLUSIONS

The purpose of this paper has been to show that transference in child analysis does indeed exist in different forms and can, at certain stages, assume the appearance of a transference neurosis. In the second stage I have described, *regressed conflicts*, once they had been worked through in relation to the original objects, *were repeated in the analysis with the therapist as the central object, and only resolved and finally given up when these were interpreted* "Contemporary" or current conflicts were simultaneously worked through in many different places and in relation to different objects (home, school, friends, clinic). The nature of the transference in early puberty, in this case, cannot yet be assessed.

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APPLIED PSYCHOANALYSIS

MEMORIES OF EARLY CHILDHOOD IN AUTOBIOGRAPHIES

By EMMA N PLANK M A (Cleveland)

In the course of a study of autobiographies I came upon a number of very early memories. Interest in such recollections remembered outside of clinical context is not new in psychoanalytic literature. Freud (1910 1917) has devoted some papers to these problems and Bernfeld (1925) has dealt with them.

This must not cause us to overlook the fact that memories dealing with early childhood are rare in autobiographies if by early we mean that period which for most adults is veiled by the normal childhood amnesia. Burr (1909) has found references to the first three years in only thirty nine out of about three hundred autobiographies that she studied. With some notable exceptions such references are brief and of meager content. It is in fact surprising to find that childhood is usually given very little space in autobiographies—not only in works of the type which James Strachey the translator of Freud's autobiography has felicitously termed *autoergography* but even in works that purport to deal especially with emotional development. In Rousseau's voluminous classic for instance the first seven years are treated in three pages out of five hundred.

Very early memories are found in writers of various nationalities including the English writers Hudson Galt Gosse and Sitwell the Frenchmen Stendhal Loti and Anatole France the Russian Stravinsky but particularly in authors who wrote in German i.e. writers of German Austrian or Swiss nationality. These were writers who either represented the Romantic School of literature or were influenced by it—especially Stifter Jean Paul Spitteler and Wildgans. Their works are only partly available in English the translations of the other passages were prepared for this paper.

These autobiographical accounts are presented here from the viewpoint of an educator exploring child development without the benefit of

comparison with clinical material dealing with early memories as it is produced in psychoanalytic treatment. I should like to draw attention to the implications of these memories for our understanding of the intensity of the emotional experiences of young children, as well as to their literary beauty.

These recollections were written spontaneously, most of them long before dynamic psychology could have influenced the writer in his choice of material. Yet they seem to differ in their emotional tone from the usual memory produced without the help of psychoanalytic technique.

Yeats (1916) characterizes one of their qualities well by saying 'My first memories are fragmentary and isolated and contemporaneous. It seems as if time had not yet been created, for all are connected with emotion and place and without sequence.'

It will be of interest to see whether we can find different types in these early memories and to document some of the motivations for writing them down.

Three groups seem to suggest themselves. The first can be introduced by Goethe's (1811) remark: 'If we try to recollect what happened to us in the earliest years of childhood, it often occurs that we confuse what we have heard from others with what is really our own from actual visual experience.'

This is from the first chapter of Goethe's autobiography, which is perhaps characteristically, entitled *Dichtung und Wahrheit* (Poetry and Truth).

The following passage from the autobiography of Benvenuto Cellini (1558) the Renaissance artist may serve as an illustration.

Andrea Cellini was yet alive when I was about three years old and he had passed his hundredth. One day they had been altering a certain conduit pertaining to a cistern and there issued from it a great scorpion unperceived by them which crept down from the cistern to the ground and slunk away beneath a bench. I saw it and ran up to it, and laid my hands upon it. It was so big that when I had it in my little hands it put out its tail on one side and on the other thrust forth both its claws. They relate that I ran in high joy to my grandfather crying out: 'Look grandpapa at my pretty little crab.' When he recognized that the creature was a scorpion he was on the point of falling dead for the great fear he had and anxiety about me. He coaxed and entreated me to give it to him but the more he begged the tighter I clasped it crying and saying I would not give it to anyone. My father who was also in the house ran up when he heard my screams and in his stupefaction could not think how to prevent the venomous animal from killing me. Just then his eyes chanced to fall upon a pair of scissors

and so while soothing and caressing me, he cut its tail and claws off. Afterwards when the great peril had been thus averted he took the occurrence for a good augury.

It seems no coincidence that Cellini would report this episode with the overtone of castration anxiety as a memory from his third year.

A second type of material is represented by typical screen memories. I found it fascinating that a poet presumably on his own arrives at a description of screen memories which is in most characteristics consonant with the scientific definition. Frank Kendon (1930) the English poet, writes in his autobiography

Memories of very early days are strangely detached. Though we may be at any moment the sum of all our experiences many experiences which must have been important in their influences upon our later lives have been quite forgotten and what suddenly flashes into mind is something bright but trivial with no place in the story of our lives to account for its survival. These memories are neither striking nor significant they are like little detached pieces of a jigsaw puzzle.

This general description can be concretized by an example from the American writer Mary Austin (1932) written in the third person.

Of the little house on First South Street, where she was born and spent two and a half years Mary recalls but two or three unrelated flashes, significant only as the index of a dominant interest. The earliest must have been when Mary herself was two years old a family gathering of a Sunday afternoon probably to inspect Susie's newest baby Jennie. The house was full of people unidentified but having a sense of kin with Mary trotting along a boardwalk between the house and the corner of the front yard to the gate in the picket fence. She recalls besides that the thick green of the maples overhead and the grass coming up between the boards of the walk.

It is nice to see here how the things that really mattered are not genuinely remembered (the family met probably to inspect the new baby and the people are unidentified) while the coincidental features which could serve to screen the significant event (boardwalk fence, maples, grass) are still visualized.

A third group of memories the ones that I want to present in more detail shows less of the qualities of screen memories but they seem to be more genuine recollections of actually significant experiences. They are mostly not memories of events. Their objective narrative content is negligible, what is all important is relationships and emotional experi-

ences They go back to the preoedipal time in the development of the individual writer

What motivated these men to write down these very early memories? The Swiss epical poet Carl Spitteler, who won the Nobel Prize in 1919, wrote to a friend six weeks after the death of his mother

I am again doing something biographical—I hope more enjoyable and certainly more affectionate than my former writings My earliest experiences [*Meine frühesten Erlebnisse*], dealing with the first four years of my life Written from my heart in memory of my dear mother As I cannot think of anything else, I am simply writing it down [Berger, 1917]

W H Hudson (1918) of *Green Mansions* fame wrote *Far Away and Long Ago* during six weeks of a serious illness He says

When my friends have asked me why I did not write a history of my early life my answer was that I had already told all that was worth telling in my books And I really believed it was so for when a person endeavors to recall his early life in its entirety he finds it is not possible, he is like one who ascends a hill to survey the prospect before him on a day of heavy cloud and shadow, who sees at a distance, now here, now there some feature in the landscape—hill or wood or tower or spire—touched and made conspicuous by a transitory sunbeam while all else remains in obscurity The scenes people events we are able by an effort to call up do not present themselves in order; there is no order, no sequence or regular progression—nothing in fact, but isolated spots or patches brightly illumined and vividly seen in the midst of a wide shrouded mental landscape

It is easy to fall into the delusion that the few things thus distinctly remembered and visualized are precisely those which were most important in our life and on that account were saved by memory while all the rest had been permanently blotted out That is indeed how our memory serves and fools us for at some period of a man's life—at all events of some lives—in some rare state of the mind it is all at once revealed to him as by a miracle that nothing is ever blotted out.

It was through falling into some such state as that, during which I had wonderfully clear and continuous visions of the past that I was tempted—forced I may say—to write this account of my early years.

Adalbert Stifter (1867), the Austrian novelist, prefaces his brief and fragmentary autobiography which he wrote during a visit to his birth place to recuperate from an illness, with the following

I have often fallen into astonishment before the phenomena of my life even though it has been as simple as the growth of a stalk. Thus is the rea

son and the excuse for my writing down the following words. They are in the first place for me alone.

All three of these creative writers began to write their memories quite late in life and under considerable emotional stress (illness death of mother) Hudson's autobiography was published when he was past seventy years, Stifter wrote his memories at the age of sixty-two a year before his death Spitteler at the age of sixty-eight Neither Stifter nor Spitteler go beyond the early years

The intimate character of these recollections the fact that they were written in response to an irresistible inner urge, gives special weight to their contents They report such developments as the emergence of the figure of the mother as the person on whom life centers, and feelings of being overwhelmed by anger and by bliss They tell about instinctual gratifications and add up to the child's discovery of his own self We also find interesting material for the study of concept formations (in Lotis and Anatole France's writings not documented here)

Autobiographical accounts which trace memories back to the event of birth or to intrauterine life as in the writings of Forrest Reid (1926) and Eleanor Abbott (1936) will not be included in this discussion While memories may be credited which reach back to an early age as long as we know that perception may have developed at that age memories going back to an even earlier time must seem more open to doubt, and the writers in question do not present their recollections in a way which would help to silence skepticism.

We may begin with a very early memory of Spitteler (1920)

natural certainty of being loved in return unmitigated bliss consolation comfort delight.

Let me add a later memory, this one from the age of a little over three

It must have been in July or August because we were put to bed in broad daylight. Due to the brightness I kept my eyes open and happened to look out of the window. Dear me what did I see! Both my parents sneaking out of the house with their hats on softly and silently so that we should not notice it. They wouldn't really! I soothed my anxiety. But they actually wandered off into the distance first across the street, then to the bowling green of the brewery. Slowly they climbed a grassy slope thereby uncannily shrinking. Smaller and smaller they became pitiful to look at. It made me quite sad. They finally stood as dwarves way up on the edge of the hill sharply profiled against the sky.

Now I consoled myself the dwarves must turn for obviously they can not go further up into the sky. Instead something heartbreaking happened their feet began to sink into the ground and then their knees. Piece by piece the earth swallowed them up till only their heads remained. I sat up in my pillows and stared between hope and despair at the two beloved heads. When these too had been swallowed up I sank back into my pillows in inexpressible sorrow. Abandoned! I had no more parents! Neither father nor mother!

Sleep said. What's that to me? Come you are tired! And when I woke up in the morning o joy! both my parents were there again even in their proper size.

A third memory of Spitteler's will be discussed in another context. Here is a quotation from Stifter's autobiographical writing (1867)—actually the larger part of this very brief work.

Far back in the empty nothingness is something like bliss and rapture which powerfully gripping almost annihilating penetrated into my being nothing in my later life was like it. The marks which were retained are it was brilliancy it was turmoil it was below. This must have been very early for I feel as though a high wide darkness of nothingness were girding the thing.

Then there was something different which gently and soothingly permeated my inner being. There is this retained mark, it was tones.

Then I swam in something fanning. I swam to and fro it became softer and softer inside me then I felt as if drunk then there was nothing more.

These semi-lands lie like myths in the veiling ocean of the past like the primal memories of a nation.

The following summits are becoming more definite ringing of bells a wide glow, a red dusk.

Something which kept repeating itself was quite clear A voice that talked to me eyes that looked at me and arms which soothed everything I cried for these things

Then there was that which was doleful and intolerable then that which was sweet and satiating I remember strivings which achieved nothing and the ceasing of the horrible and pernicious I remember splendor and colors which were in my eyes tones in my ears and beatitudes in my being

More and more I felt the eyes which looked at me the voice which talked to me and the arms which soothed everything I remember that I called this Mom

After this sensation there is again a big gap Conditions which were must have been forgotten

I found myself once again in that which is horrible pernicious of which I have told before Then there was tinkling confusion pain in my hands and blood on them my mother bandaging me and then a picture which stands before me now as clearly as if it were painted on porcelain in neat colors I was standing in the garden which is from then on for the first time in my consciousness mother was there and then the other grand mother whose figure also in that moment entered my memory for the first time In me was that relief which has always followed the ceasing of that which is horrible and pernicious I said Mother a stalk of grain is growing here.

Grandmother replied One doesn't talk with a boy who has broken the window

I failed to grasp that connection but the extraordinary which had just released me from its grip returned at once Mother really said not a word and I remember that something quite enormous was pressing on my soul This may be the reason why that event is still alive in me I am seeing the tall slim stalk as clearly as if it were standing next to my desk.

The last part of Stifter's recollection the one about the stalk of grain bears the marks of a screen memory we can see a screen memory in *statu nascendi*, as it stands alongside the real event rather than screening it.

The next subgroup of memories points directly to the strong emotional impact of oral experiences, they all have some reference to oral gratification or disappointment Two of them relate to breast feeding The first is by the Swiss philosopher of the sixteenth century (born 1499) Thomas Platter, who says

After she had born me her breast hurt her so that she couldn't nurse me have not suckled any other woman's milk either as my blessed mother

berself told me. That was the beginning of my misery. [*Das war meines Elends ein Anfang.*] So I had to suck cow's milk through a little born, as customary in the country when weaning children; because they don't give any food to children, often until they are four or five years old, but only milk to suck.

Even though this is a "hearsay" memory like those referred to by Goethe and exemplified by Cellini, the evaluation which the author places on it ("That was the beginning of my misery") shows the emotional significance.

The second one is a letter to the editor of a psychological journal, written twenty-eight years ago by Guy H. Crook (1925), rector of a church in West Virginia, in response to a passage in a paper published there which stated that a "memory going back to infancy is without doubt a hallucination." The letter says, in part:

I was born Dec. 23, 1872, in a sparsely settled section of West Virginia. . . . In that community, in those days, neighbors went visiting, uninvited and stayed all day—a very informal custom. On such an occasion there came to our home a woman with a baby which wore a long, white dress. As I visualize it now, the dress was nearly, or quite, twice as long as the baby. My mother called the woman (Mrs.) Grossman . . .

The women must have temporarily exchanged babies, for I found myself on the strange woman's lap, and saw the other baby on my mother's lap. What my emotion was, jealousy or fright, I cannot recall, but I became fretful, and the woman (no doubt thinking I was hungry) offered me the consolation of her breast, actually putting the nipple to my lips. I was so repulsed that I rebelled—I squalled, whereupon the mothers hurriedly exchanged babies, talking the while in soothing tones. . . . But even to this day, I can plainly see in my mind's eye, the excessively developed and drooping mammary organ, and I clearly recall my stubborn resistance to her kindly offer. . . .

Owing to a boy's natural diffidence, I never mentioned the incident to anyone until I was probably 25 years of age, when I asked my mother about it. . . .

"Mother, was Mrs. John Grossman ever in our home?"

"Yes, son, but you do not remember; you were only a baby."

"Very well, mother, was anyone with her?"

"Yes, her baby, Cavalla; he is just two weeks older than you."

"How old was I, mother? Be careful; I do remember."

"Nonsense! You were an infant in arms."

"Was Mrs. Grossman ever there at any other time?"

"No, son, I did not visit Mrs. Grossman."

I then related to my mother the incident in question, and tried to help

her remember it but she could not. My mother somewhat reluctantly admitted that the incident might have occurred. She did not shake my confidence in my memory.

I remember nothing further until I was two years and eight or ten days old when upon the birth of my sister Jan 1 1875 my anxiety was aroused by the teasing remark of some older person that my new sister was no good because she had no hair. I went to the bed to investigate. Peculiarly enough I remember the intervening space the character of the floor over which I passed the bed and my mother in it but I cannot remember the object of my quest. I have no mental image of that sister until when she was learning to walk she fell and cut her forehead.

I have quoted this last paragraph even though it has little direct bearing on our problem because it seems to me considerably to enhance the credibility of the earlier memory, since the author here—with apparently genuine amazement—reports a typical screen memory the obliteration of the emotionally important feature (the hairless baby sibling) with the retention of the coincidental features (space floor bed) is closely parallel to Mary Austin's recollection quoted before.

Bernfeld (1925) stresses the lack of memories prior to weaning. Jean Paul's (1819) memory seems to fit right in there.

Deep-reaching recollections of the years of childhood please and elevate us men without roots who in this fluid life keep searching for things to cling to. They are more delightful than the memory of our later days of high flight. I am happy to still be able to present a faint tiny memory from the age of 12 or at most 14 months as the first blossom of a spiritual snowdrop growing from the dark soil of childhood. For I still remember that a poor student was very fond of me and I of him. And that he always carried me in his arms and that he fed me milk in the large dark hall of the alumni. His distant fading image and his love floated toward me over the years. Alas I don't recall his name. This morning star of earliest recollection was still rather bright on its low horizon in my boyhood but faded as life's daylight rose and now my only clear memory is that earlier in life I remembered everything more brightly.

Tolstoi actually complains about the lack of memories from this early period (Bernfeld, 1925). Bernfeld (1925) suggests that the period of weaning could perhaps justly be substituted for the large gap in Stifter's memory quoted above.

On the other hand it seems to me that Stifter's description of rapture and bliss and of that which was sweet and satiating makes one think of the contentment of the baby at the mother's breast.

Though Spitteler seems to have had such strong attachment to his mother, we find in his autobiography, contrary to his declared intention of making this a monument to his mother, more references to his love for his grandmother. They are recorded for a time during which one would expect that his weaning may have occurred. Ambivalent feelings toward the mother explain the ease with which the godmother could take her place, as described in the following episode when he was sent away because his mother had to take care of his sick grandmother.

Then I fell ill and Tante Gotte [the godmother] nursed me. So faithful she was so devoted so gentle that she won my heart.

When I was almost well again I experienced a moment of high delight. I had slept and was still dozing. Before I was quite awake somebody stepped to my bed and when I opened my eyes to learn who may be coming the face of Tante Gotte smiled toward me while at the same time the calm mild sunny afternoon light touched me.

At this opening of my eyes with that glance into a friend's face on which the beautiful day played a miraculous feeling streamed through me which I do not know how to call by any name but bliss. What when you think it through does bliss mean? I open my dictionary and read: Bliss the pasture of the soul. Quite right pasture of the soul it is but in harmony with the physical happiness as it is composed of feeling of health vitality after gladdening sleep greeting by the colorful daylight. Daylight and color seem to be essential for bliss to emerge at least in my experience. I have later experienced the feeling of bliss several times more and it always happened on awakening from a light sleep in daytime most perfectly when a friend's face greeted me through a curtain of color.

Since that blissful moment I was entirely devoted to Tante Gotte. I belonged to her to her alone she was my one and all. I did not need or want any other human being.

There a young strange woman appeared in the room with hat and scarf. I thought it was some visitor but it was my mother who came to take me home. After an absence of two weeks I had failed to recognize my mother.

The memories quoted so far were concerned with relationships, with feelings of anxiety, despair, and also bliss. Let us add one where instinctual gratification and the reaction of adults to it, plays a role. The following passage is from the autobiography of Stravinsky (1935) the contemporary composer.

One of my earliest memories of sound will seem somewhat odd. It was in the country where my parents like most people of their class spent the summer with their children. I can see it now. An enormous peasant

seated on the stump of a tree. The sharp resinous tang of fresh-cut wood in my nostrils. The peasant simply clad in a short red shirt. His bare legs covered with reddish hair on his feet birch sandals on his head a mop of hair as thick and as red as his beard—not a white hair yet an old man.

He was dumb but he had a way of clicking his tongue very noisily and the children were afraid of him. So was I. But curiosity used to triumph over fear. The children would gather round him. Then to amuse them, he would begin to sing. This song was composed of two syllables the only ones he could pronounce. They were devoid of any meaning but he made them alternate with incredible dexterity in a very rapid tempo. He used to accompany this clucking in the following way: pressing the palm of his right hand under his left armpit he would work his left arm with a rapid movement making it press on the right hand. From beneath the red shirt he extracted a succession of sounds which were somewhat dubious but very rhythmic and which might be euphemistically described as resounding kisses. This amused me beyond words and at home I set myself with zeal to imitate this music—so often and so successfully that I was forbidden to indulge in such an indecent accompaniment. The two dull syllables which alone remained thus lost all their attraction for me.

It is quite remarkable that Stravinsky's recollection with its unmistakable anal implication, is rather unique. I found only one frankly anal memory in the autobiographical literature which I studied and that refers to an event which took place when the author was six years old (Schreyer, 1951). Stravinsky's recollection is not to be placed in quite as early a period as some of the other memories quoted. It is perhaps also characteristic that it shows more clearly the marks of a screen memory.

The passages which I have quoted give the impression that the farther back a memory goes in time, the more fundamental and emotional it becomes in quality. It seems to me that some of those very early memories do not have the well known qualities of screen memories—external brilliance, preponderance of the visual and a concept of the self as an onlooker. They are rather more introspective and manifestly emotional.

Although autobiographical literature in general consists of writings of persons of diverse professions and achievements, those very early memories of our third type are found only in the autobiographies of men of letters. It is striking that none of the autobiographers who acquired their fame in politics or science have reported memories of this particular emotional quality. Could it be that the deep and probing interest in the development of one's own self is a prerequisite for both the writing down of early memories and for becoming a creative writer?

It may be fitting to conclude this study with a brief review of the

sparse information available about the personality structure of these writers. The men who were outstanding in producing early memories alive with emotional content, were at the same time showing some pathological traits, but also an unusually high degree of creative integration.

Hudson's description of the illness during which he started to write his autobiography sounds very much like a "nervous breakdown."

Stifter ended through suicide. While this was motivated by the pain of his terminal illness (cancer of the liver, not mitigated by modern drugs), it has also been pointed out that his life history contains much to point to episodes of exaggerated anxiety and of depression (Winterstein, 1946).

Spitteler at the age of nineteen left his family home to roam the mountains in winter, starving, freezing, footsore, and lonely, until after a few weeks he was completely physically and mentally exhausted. A family whom he did not know before took him into their home and began secretly to correspond with his father. His friends later referred to this period as a "severe nervous illness," and Spitteler himself as "cosmic melancholia." He never mentioned it publicly until his seventieth birthday when he said at a meeting in his honor: "Had I not come to Lucerne then, you would not be able to celebrate a man of seventy today, a nineteen-year-old would have been buried" (Beriger, 1947).

These three writers are renowned for their uncommon clarity of thinking and diction and for the 'olympian' serenity and detachment of their best works. The periodical *Imago* was named after one of Spitteler's novels. Hanns Sachs (1945), who had made this suggestion to Freud, speaks in reference to Spitteler of "the kind of superiority produced by special gifts that fall mysteriously from the laps of the gods" and describes his contact with the poet thus:

Carl Spitteler whom I visited several times when I came to Lucerne was duly flattered by becoming godfather of a scientific journal but not at all interested in a systematic disquisition about the nature of the unconscious. He shrank instinctively from anything that could disrupt his artistic intuition.

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FAIRY TALE AND DREAM

by GÉZA RÓHEIM, Ph D. (New York)¹

The following two fairy tales are analyzed in terms of a new view of mythology and the folk tale. The main stream of the argument is discussed extensively in my book, *The Gates of the Dream* (1953), and in many of my other papers (Róheim, 1948, 1952-1952e). To put this theory briefly: It seems that dreams and myths are not merely similar but that a large part of mythology is actually derived from dreams. In other words, we can not only apply the standard technique of dream interpretation in analyzing a fairy tale but actually can think of tales and myths as having arisen from a dream, which a person dreamed and then told to others, who retold it again, perhaps elaborated in accord with their own dreams.

LITTLE RED RIDING HOOD

In Grimm's version (No. 26) Rotkäppchen is told by her mother to take a slice of cake and a bottle of wine to her sick grandmother. She is warned against dallying on the way, she is to go straight to grandmother and say "Good morning" like a good little girl. She meets the wolf and, not knowing what an evil character she is talking to, they start a conversation. The wolf finds out all about her and her grandmother. While she is gathering flowers, the wolf runs to the grandmother's house, swallows the grandmother and dresses up in her clothes.

The wolf lies down on the bed and, when the little girl arrives, he pretends that he is the grandmother. The child approaches the bed and is surprised when nobody answers her "Good morning." "Grand

"Why do you have such a big mouth?"

"Because I want to eat you"

And the wolf jumped out of the bed and swallowed Rotkäppchen. The wolf fell asleep after this meal and started to snore. A hunter heard his snore, fearing the wolf may have eaten the grandmother, he did not shoot the wolf, but instead took a pair of scissors to open the stomach of the sleeping wolf. After a few cuts he saw the shining red cap and out came the little girl. A few more cuts and the grandmother came out too. Rotkäppchen filled the inside of the wolf with stones and when he awoke he wanted to run away but the heavy stones pulled him down and he collapsed and was dead. Rotkäppchen, however, had learned her lesson and will henceforth obey her mother.

To go on sleeping after its stomach has been cut open several times is quite an achievement, even for a folk tale wolf. We can only understand this if we assume that the wolf, the grandmother, and the little girl, are essentially the same person.

In the second version recorded by Grimm the wolf does not swallow either the child or the grandmother but pretends to be Rotkäppchen and asks the grandmother to let it come in. The grandmother keeps the door closed and the wolf sits on the roof, waiting for the moment when it gets dark and it can swallow Rotkäppchen. The grandmother puts water in which she had boiled sausages in a trough. The smell of the sausages tempts the wolf, he keeps sniffing moving closer and closer, till he falls from the roof straight into the boiling water and is drowned.

In another German version the wolf calls himself a doctor and tells Rotkäppchen to pick various healing herbs for her grandmother. All of these are named after the wolf (*Wolfswurzel*, *Wolfsmilch*, etc.) and all are poisonous (Bechstein, n.d.)²

To accuse such an innocent person as Little Red Riding Hood of being no better than the wolf seems far fetched. However, in a French story of Valencay (Melusine, VI, pp. 237-238, III, p. 397) we find the Chaperon Rouge eating its grandmother's breasts, drinking its grandmother's blood. In the Haute Bretagne story the red breast sings

Tu bois le sang de ta grandmère, ma petite fille
Tu bois le sang de ta grandmère

If we assume that all three protagonists of the story are one and the same person, the emphasis must be placed on the sleeping wolf. Red

² Cf. also *Archiv für Geschichte und Altertumskunde von Oberfranken* XVII pp. 229-232.

Riding Hood is swallowed into her own "sleep womb," which is at the same time the inside of her mother. The hunter would then be correctly interpreted as the father figure, as a rival for the inside (or breast) of the mother (Lewin, 1952). In one of the German versions (Southern Tyrol) it is the father who chops the wolf's head off (Bolte and Polivka, 1913).

The problem becomes more complicated if we consider Perrault's version and some other French parallels. Here the story has no happy ending, the wolf eats the Chaperon Rouge (Lang, 1888). In the story as told in Haute Bretagne (Melusine, III, p. 397) and in Valencay (Melusine, VI, pp. 237-238) and as in Perrault, the wolf devours the little girl. In a Swedish ballad the girl is supposed to stay awake all night to keep vigil over a corpse. She cries: "Dear wolf do not bite me, I give you my silk shirt." But the wolf will have nothing less than her blood. She climbs a tree, the wolf is after her. The girl screams in agony, her lover hears it, but he arrives too late, what is left of her is only a bleeding arm.²

We notice that the emphasis is being gradually shifted, the wolf becomes a wolf in the popular American sense of the word. The *morality* added to Perrault's story makes this quite clear. Little girls, especially pretty ones, should avoid talking to strangers, that is, to wolves who pretend to be nice and courteous. In the Valencay story (Melusine, VI, pp. 237-238) we have the devil instead of the wolf. In the story as told at Nievre it is a werewolf (*loup garou*), the typical symbol of male aggression and sexuality (Melusine, III, pp. 428-429). This double meaning of the wolf symbol explains the stories that end in disaster, they are written from a pedagogical angle.

In one of the French versions the ambisexuality of the heroine is emphasized. In the story as told at Tourangelle, the heroine is called Fillon Fillette, that is, half girl, half boy. Instead of the wolf we have an ugly man (or the devil) with a sow on a string (Melusine, IX, pp. 90-91). Since there is nothing in the plot to explain the bisexual character of the heroine, we can only assume that this trait has been displaced from the ogre to the heroine. In the case of the ogre, we have an original "swallowing" or "sleep-womb" and superimposed on this the werewolf or the male as aggressor. Looking at the whole thing from the point of view of my dream theory, i.e., the dreamer or sleeper as being in his own body, we can understand the underlying identity of the nice little girl and the terrible wolf.

In some of the French stories the girl escapes by telling the wolf that

² Grimm's notes to the story. Quoted from *Folkvisor*, III, pp. 68-69.

she has to go out for a minute to defecate (Melusine, III, pp 428-429 VI, pp 237-238) In one story the devil falls into the water and giving chase to Jeannette, he tells his sow to lap up the river, but the sow fails and they both drown (Melusine, IX, p 90) In one of Grimm's versions the wolf, attracted by the smell of sausages, falls off the roof into the boiling water. We assume that the dreamer awakes owing to some somatic pressure such as thirst, hunger, or the need to defecate. When the sleeping wolf's inside is filled with stones and it goes on sleeping the only way we can understand this is if we assume that the sleeper really ought to have a bowel movement (stones in the intestines) but this is in conflict with the desire to go on sleeping. As for the motive of hunger or orality it is amply represented (a) by the food the child is supposed to bring to its grandmother, (b) by the child eating the grandmother (c) the wolf eating both grandmother and grandchild.

The whole story is not unlike the initiation of witches at Normanby Island. The young witch or candidate is supposed to disappear in the mouth of the old witch (her mother, or grandmother) and to come out through the vagina. They add that it is really the door of a house but she imagines it is a mouth. The only plausible explanation for this is a dream in which the door symbolizes body orifices.

If we apply Lewin's concept of the oral triad (1950) to this story everything seems to work out quite nicely. We have the wish to eat (the bottle of wine and the cake carried by the girl to the grandmother) sleep (grandmother inside wolf. Riding Hood inside wolf) and the wish to be devoured. However, this theory fails to account for several important traits of the story. It does not account for the dreamer's awakening, which is caused by hunger or thirst (orality) or excremental pressure. I assume that we have a dream that represents sleep (return to the inside, or womb). Ferenczi (1924) has said that in the oral stage the tooth is the tool used by the infant for boring itself back into the womb. This means that aggression is combined with regression and it follows that the idea of being swallowed being eaten is the talio aspect of this aggression. The cannibal child creates a cannibal mother. This also explains a theme that occurs in most of these stories. In the Grimm story it is expressed in the dialogue:

- 'O Grandmother why do you have such big ears?
- "In order that I can hear you better
- 'Grandmother, why do you have such big eyes?'
- "In order to see you better'
- "Why such big hands?
- 'To grab you,' etc.

"Why such a big mouth?"

"To eat you."

The big eyes mean the same thing as the big mouth—the rest of the details are just added in folk tales. The infant eats the breast, the infant eats and sees, and desires and is, therefore, the original aggressor (Bergler, 1949; Róheim, 1952a). In reverse form ogres are not only cannibals but frequently have big eyes.

The father imago is clearly recognizable as the rival for the inside of the mother (Lewin, 1952). In other words, the oedipus complex goes back to the oral and to the uterine regressive organization.

In a Transylvanian Gypsy story an old grandfather lives in a hut with his grandchildren. The wolf tells the children that the grandfather has sent him with a cake and they open the door for him. He jumps in, eats them all, and then he finds a big bottle of brandy which he drinks. Consequently he falls asleep and starts snoring. Grandfather comes home, opens the wolf's stomach with his knife (penis), and the children jump out. The grandfather then hides the children. He took dry lime, filled the wolf's stomach with it, and then he sewed it together so that it was closed. The wolf awoke, felt thirsty, ran to the brook, and drank a lot of water. The lime in its inside was now burning so that the wolf burst and died (Wlislöcki, 1886). Here the whole story is displaced to the male. The grandfather cuts the children out of the "sleep-womb." The wolf is thirsty; that is, the sleeper is thirsty or hungry or wants to defecate. Somatic pressure and the fantasy of the father imago compel the sleeper to leave the womb. Some people awaken at a certain time without an alarm clock; duty, the superego, the father imago, will not let them continue to sleep. The old-style mythological commonplace of the red hood symbolizing the sun or the dawn (Frobenius, 1904) should not be discarded as long as we know that the light enters the picture, not as a cosmic phenomenon, but as the moment of awakening.

FEARLESS JOHN

In the first typology of folk tales we find No. 39 "Fearless John" (Burne, 1914).

- (1) A lad knows not fear. He is brought into contact with (a) men, (b) dead bodies, (c) spirits.
- (2) He has three adventures with spirits in a haunted house and wrests gold from them.
- (3) He learns how to shiver by a pail of goldfish being upset over him in bed.

Katona (1904 p 22) quotes this in his typology of Hungarian folk tales and adds The lad wants to learn fear before he marries Grimm tells the story as follows A father had two sons The younger was a strong lad but he just sat in a corner and did nothing Why don't you learn something? his father asked him What I would like to learn would be how to experience fear (*Gruseln*) the lad said The beadle takes him in hand the lad will soon know what fear means

At midnight he wakes the lad and tells him to go to the steeple and make the church bells chime He dons a white sheet and tries to frighten the lad in the role of a ghost This does not work very well the lad simply hurls him downstairs His wife finds the beadle next morning with a broken leg

The young man insists that before he learns a trade he must learn fear

He receives fifty Talers and wanders away from home Finally he meets somebody who is willing to teach him fear for his fifty Talers He shows him the gallows and says *Look there is a tree there were seven who got married to the rope maker's daughter now they are learning to fly just sit there and wait till night comes then you will know what fear means* *

It was a cold night and he lit a fire under the gallows He was sorry for them they must be freezing up there So he took them off the gallows and laid them near the fire But when the fire started to get hold of their clothes he said This won't do we shall all be burned take care The corpses did not move so he put them back on the gallows—but there was no fear

The next test is the haunted castle Anybody who can stand it for three nights gets the king's daughter Cats want to play cards with him he screws their paws in a vice and kills them More black cats and dogs with fiery chains appear they nearly extinguish the fire he has lit He chases them away or kills them Finally he feels sleepy and he sees a big bed That's nice! he thinks But no sooner is he in the bed than the bed starts to rush up and down the stairs as if six horses were pulling it. Go it! he said Finally the bed turned topsy turvy like a mountain lying on him. I can't sleep this way he said and went to sleep on the floor The second night is similar He bowls with skulls and bones Third night he invites a corpse into his bed The dead man tries to choke him he puts him back into the coffin

Finally a giant appears with a long white beard He wedges the white beard into his anvil

He still does not know what fear is, so he marries the king's daughter. While he is asleep his wife pours cold water on him with many little fishes in it. He awakens and says "Ach, was gruselt mir, was gruselt mir, liebe Frau. Ja, nun weiss ich, was gruseln ist" (Grimm, No. 4).

In another of Grimm's versions (Hessen) the youngster is a tailor's apprentice and the person who pours water on him is his master's wife. In Tyrol, he has to have his beard trimmed by the ghost of a barber. In another version (Paderborn) the spook is directed by the father. At last a spirit comes in through a mouse hole. First it is a little poodle, then it grows into a giant who carries his head under his arm. At the end he persuades the ghost to stick his finger into the lock and then beats him unmercifully (Bolte and Polivka, 1913).

Instead of water we have a bird flying at the hero. In one Hungarian version it is a hen (Nagy, 1940, p. 114). In the French story sparrows fly at him out of a pie (Cosquin, 1887). In a Russian story the hero goes fishing and falls asleep. A little fish jumps into his face, he is frightened, falls into the water and drowns.

The first thing we notice is that the end of the story does not fit. The young man is not afraid or anxious, he is just frightened.

However, we see that this anxiety or fear or fright is regularly connected with his marriage and the person who finally "frightens" him is his young wife. A bird suddenly flying out, or water suddenly pouring, these are the forms the 'fright' takes. In the Vend story they bring two covered dishes, he is curious, lifts them till they are close to his nose, sparrows fly at his face, he is frightened and drops the dishes—the covered dishes are still customary at weddings (Schulenburg, 1882).

It was evident from the manifest text that the story had something to do with the *bridal night*. But what a curious condition for marriage: the groom must learn anxiety. We suspect that this is due to a rearrangement of motives, to the secondary elaboration.

We shall now consider the bulk of the story. A night spent in a haunted castle with all sorts of spooks that would normally arouse anxiety (Thompson, 1916, p. 105), with an emphasis on the absence of affect. Laistner (1889, p. 12) has already claimed this story as a night mare, and rightly so, since we know that the affect is frequently hidden in the manifest text. We claim therefore that it is an anxiety dream. Headless corpses, the gallows, the flying bed that turns and weighs on him (nightmare pressure), the cats are regular nightmare apparitions. The content of the anxiety is given in the sentence I italicized above, *marriage and the death*. If we try to be a little more specific we should say *castration anxiety*, the finger in the key hole, the paws wedged in, the

beard wedged in etc. The same technique is used in the *Bear in the Hunted Mill* castration anxiety is projected to the threatening dream image (Róheim 1918a). We note also the father's antagonism to the hero and that in some versions he arranges the frightening scenes.

Our next thesis would be that this dream derived story is based on a series of denials. It is not anxiety he must experience before he can learn a trade and get married castration anxiety is what he has to overcome. And how does he achieve this goal? By growing up and especially in *costu*. His bird flies out, his water pours out and now he is not afraid anymore—he is a husband himself.

The hero who desires to learn anxiety is hiding his real aim behind a defense. According to Freud (1926) the ego reacts to certain demands of the id by anxiety as an alarm signal. The hero is therefore saying I want to be in the situation in which anxiety is experienced he is talking in the language of displacement (Feldman 1951).

In one version we have a different ending. The hero is a half wit. His father is angry when his son tells him that he knows no fear. The first attempt to scare him is his mother in a white sheet seated on a gate. He tries to pass under her but he is not frightened and throws something at her head. Devils jumping at him in pieces do not make any impression on him. Finally Death gets him and he has not learned to be afraid (Nagy 1940).

In some of the stories learning fear is the preliminary to learning a trade or profession. In this version the hero dies without having adjusted to reality. We should say therefore that the story has one valid meaning if we consider only the manifest text and another valid meaning that is latent. In order to grow up the child has to learn fear and sexual activity.

In their commentary on the folk tale Bolte and Polivka (1913 p. 25) mention the *lit Merveille* of Gawain. In Wolfram von Eschenbach's *Parzival* Gawain jumps into the bed the bed starts rushing up and down with him making a terrific noise as if the whole castle were falling to pieces. He must keep awake and protect himself with his shield. Stones and arrows fly at him from the walls a giant clad in a fish skin comes and disappears. He kills the lion but sinks exhausted on the lion's corpse nearly dead himself (Hertz 1914). The dangerous bed induces anxiety dreams.

In Chretien the bed runs on four wheels and moves at a touch. When the ferryman cannot dissuade Gawain from sitting on the bed he flees the bells ring the halls tremble the windows open the marvels show themselves and the enchantment (i.e. the dream) begins. From the win

dow fly arrows so that more than five hundred lodge in Gawain's shield. A lion attacks him, its head and claws remain fixed in his shield. The ferryman returns, the wonders are ended (Brown, n d.)

Have we any reason for claiming an intrinsic relationship that connects Gawain and our folk tale hero?

The story of Gawain and the Green Knight contains the answer.

On a New Year's day while Arthur is keeping his Christmas feast at Camelot, a gigantic knight, clad in green and mounted on a green horse carrying in one hand a holly bough and in the other a Danish axe challenges Arthur's knights. The knight may have the first blow but he is to return it next New Year's morning at the Green Chapel. Gawain smites the Green knight's head from his body. The knight tucks the head under his arm and rides from the hall.

Gawain rides forth in search of the Green Chapel. At Christmas Eve he comes to a castle. The host bids him to stay on the condition that each evening they exchange what they have won.

His hostess tries to seduce Gawain, but all that happens is a kiss. This he returns to her husband. The episode is repeated in the second night. On the third day beside the kisses he receives a green lace which if bound round the body would preserve him from harm. This he does not pass on to his host.

He rides forth in the morning to meet the Green Knight. The Knight strikes three times. The first time Gawain flinches, the second time he remains steady but the axe does not touch him. The third stroke inflicts a slight cut on the neck (Weston, 1897).

It should have been one stroke, yet it was three. The host and the Green Knight are the same person and the three strokes correspond to the three nights spent with the wife of the Green Knight.

Three strokes of an axe for not having had anything to do with his wife—*honnî soit qui mal y pense*—one is tempted to be skeptical. But if we look upon the whole thing as an anxiety dream about a supernatural or taboo woman who seduces the hero whereupon his head will be certainly chopped off by the 'giant'—we begin to understand. In the Carados version the Green Knight is the father of the hero (Weston 1897, p. 89).

But how can Gawain, the great lover, the ladies knight, be the dreamer of a nightmare? Without anxiety there would be no heroic mythology.

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THE TRAGEDY OF HUMPTY DUMPTY

By THOMAS A. PETTY, M D (Detroit)

Humpty Dumpty sat on a wall,
Humpty Dumpty had a great fall
All the king's horses,
And all the king's men,
Couldn't put Humpty together again

Familiar to adults and children alike these simple enigmatic lines constitute one of the most popular of the nursery rhymes. Ample testimony to this fact is found in the frequency with which both the lines and/or the figure appear in the nursery in books, as a doll and in the easy availability of these articles in all toy shops. That this popularity is not merely ephemeral, local or just American is attested by 'students of linguistics (who) believe that it is one of those pieces of antiquity of which is to be measured in thousands of years or rather, it is so great that it cannot be measured at all'.¹ Rhymes of similar form and motif were found to exist in England, France, Sweden, Denmark, Finland, Switzerland and Germany.² Having spanned centuries, international boundaries and many languages, Humpty Dumpty, it would seem, has enjoyed an extensive appeal.

Why this simple tragedy should possess such popularity is something of a mystery. And the answer certainly is not found in the obvious riddle implied within the rhyme itself, since an illustration of the well known anthropomorphic egg accompanies the words wherever found and thus dispels any allusion to a conundrum by simultaneously supplying the answer (an egg). Indeed rather than solving the mystery, the answer seems only to add poignancy to it.

¹ Henry Bett, *Nursery Rhymes and Tales* quoted in *The Oxford Dictionary of Nursery Rhymes* ed. Iona and Peter Opie p. 215.

² Opie and Opie p. 215. In France Humpty Dumpty is known as Boule boule in Sweden Trille Lille in Denmark Lille Trille in Finland Hillerin Lillerin in Switzerland and Annabada'eli and different parts of Germany Trille Trölle Etje Papetje Wierre e Wargele Gi'ele Gagele Rüntzelken Puntzelken and Hümpeken Pümpeken.

That it shares with other nursery rhymes the qualities of describing in elemental words to the tune of a simple rhythm a simple drama capable of simple illustration only calls attention to the ease with which such rhymes lend themselves to the symbolic expression of infantile conflict. And, while these qualities may account for the appeal of the nursery rhymes as a group, they do not provide a clue as to why one should be more popular or familiar than another.

However, in the case of Humpty Dumpty a clue is found in the variations of the rhyme and its last line. For example:

In English the following variation of the last line appeared about 1803:

Could not set Humpty Dumpty up again³

In 1810, a variation of the whole rhyme appeared

Humpty Dumpty sate on a wall,
Humpti dumpti [sic] had a great fall;
Threescore men and threescore more,
Cannot place Humpty dumpty as he was before⁴

In 1846, this variation of the rhyme was recorded:

Humpty Dumpty lay in a beck,⁵
With all his sinews round his neck;
Forty doctors and forty wrights⁶
Couldn't put Humpty Dumpty to rights!⁷

In 1872, still another variation of the last line appeared:

Couldn't put Humpty Dumpty in his place again⁸

The Danish version of 1820-3 when translated reads as follows:

³ MS addition to Bussell copy of *Mother Goose's Melody*, as quoted by Opie, *op cit*, p. 215.

⁴ *Gammer Gurton's Garland*, as quoted by Opie, *op cit*, p. 215.

⁵ *Webster's New International Dictionary of the English Language, Second Edition (Unabridged)*, defines a beck as A small brook, especially one with a stony bed.

⁶ *Ibid.*, a wright is defined as A constructive workman, an artificer, especially in wood, a carpenter, one engaged in a mechanical or manufacturing business, a manufacturer; mechanic,—now chiefly in compounds, as millwright, shipwright, etc.

⁷ James Orchard Halliwell, *The Nursery Rhymes of England*, as quoted by Opie, *op cit*, p. 215.

⁸ Lewis Carroll, *Through the Looking Glass*, as quoted by Opie, *op cit*, p. 215.

Little Trille Lay on a shelf
 Little Trille Thence pitch'd himself
 Not all the men our land, I ken,
 Can put Little Trille right again⁹

The Swedish version is almost identical in sense

Thille Lille On the roof tree sat,
 Thille Lille Down fell flat
 Never a leech¹⁰ the world can show
 That Thille Lille can heal, I trow¹¹

A minor variation of the Swedish rhyme is

Little Bulle fell from the shelf
 No man in the whole world can restore Little Bulle¹²

These variations plus the presently popular version of the Humpty Dumpty rhyme appearing at the beginning of the article make it quite clear that Humpty Dumpty's fall is a great tragedy. Both position and condition are beyond repair, and the conglomerate skills of doctors and wrights and the omnipotence of the king and all his manpower and horsepower cannot prevail against the damage done. Not only is Humpty Dumpty's lost position irretrievable, but the damage done his person is irreparable. If such a disaster were to befall anyone but an egg the manifestations of the attempt at mastery through the repetition compulsion would be manifold. Indeed, the following clinical material concerning two children and an adult patient would suggest that the Humpty Dumpty theme itself is such a manifestation.

Jimmy was two and a half years old when his mother gave birth to his brother. His parents had prepared him for the event with simple direct explanations of the birth process and what it might mean to him. Just prior to the delivery a favorite game was dropping stones into a small creek while standing in the middle of a bridge that spanned it. At the time the following play was observed he was four and a half and the younger brother had only a minute earlier almost fallen into the fire in the living room fireplace. The play consisted of Jimmy's vigorously sweeping and bating a plastic balloon doll of Humpty Dumpty about the floor with an andiron broom. When asked who the

⁹ J. M. Thiele *Danske Follesagn* as cited by Opie *op cit* p. 215

¹⁰ Webster *op cit* defines a leech as "A physician or surgeon; one who practices leeching."

¹¹ Halliwell *op cit* as quoted by Opie *op cit* pp. 215-6

¹² *Ibid.*, p. 216

doll was he could not think of the name and identified it by saying "He sits on the mantle" indicating with a gesture the brick fireplace and wooden mantle. A few moments later he was balancing the doll on the fire screen and deftly caught it as it was about to fall into the fireplace. As his mother came into the room both he and his younger brother scrambled with the dog for a position in front of her, and in the jockeying he hit a hole in Humpty Dumpty thus deflating the balloon instantaneously.

Thus through repetition in play with Humpty Dumpty was expressed the older child's hostility toward the younger as well as the attempt to master it. That Humpty Dumpty was merely an effigy of the younger brother is clearly seen in the play in which the doll almost fell into the fire as the younger child had only a few minutes earlier, and again during the competition for the mother's attention when a hole was bitten in it. The emotional significance of Humpty Dumpty for the older child is also seen in his repression of the name. The hostility in the play is unmistakable. The vigorous sweeping and batting the balancing on top of the fire screen and the bite that deflated Humpty Dumpty leave no doubt that hostility is the tendency expressed. The play itself and the rescue of the doll as it fell toward the fire may be considered an attempt to master the intense feelings the older child felt in relation to the younger and the bite that deflated Humpty Dumpty a manifestation of the failure to master those feelings under the stress of competition.

Another child observation

Mickey was not yet fifteen months old when his mother went to the hospital to deliver her second child. He had been prepared in some measure for the event in play with a mother and baby doll kangaroo. Under the guidance and prompting of his mother the idea of pregnancy and birth had been played over many times. And up to the time of the delivery the dolls had been favorite toys following it the baby kangaroo disappeared and the mother kangaroo was discarded.¹³ An additional factor which intensified his feelings about the birth of the sibling was the fact that it represented the first separation from his mother.

When mother and infant returned home five days later he disregarded both and even when he finally came to his mother to be picked up he would not look at her. The infant was completely ignored until he saw it at the mother's breast. Then he made a lunge, a quick grab and scratched the infant's nose. From this time on he was fascinated by the baby when it was held in the mother's arms. And only restraint imposed by the mother prevented his putting gestures from becoming blows.

When Mickey was almost twenty-six months and his brother Johnnie eleven months old he was observed playing the following game. The mailbox in his

¹³ Seventeen months later the baby kangaroo was found by the mother in the bottom of the toy box.

home opened through a channel into the living room. This he called his refrigerator and he frequently stuffed toys and articles of clothing into it. At the time of this particular game he was stuffing a Humpty Dumpty doll into it and accompanying the activity with a song i.e. Good luck Humpty Dumpty good luck Humpty Dumpty. He would work with vigor and determination to stuff the doll into the small compartment and then would slam the door with finality. Whereupon he would dance around a nearby ottoman singing his song in obvious joy. After one or two rounds he would return to his refrigerator and unceremoniously snatch Humpty Dumpty from the cramped quarter and throw it onto the floor. Over and over again he repeated this play for approximately fifteen minutes. Each repetition was exactly like the preceding rendition except the one in which he slipped and said Good luck Johnnie good luck Johnnie. The slip was made the more obvious by his attempt to correct it before he had uttered completely the second Johnnie.

Thus with the slip of the tongue Mickey identified Humpty Dumpty as a substitute for his brother who then in effigy was the passive actor in the little drama. At a time when a child's attention span and interests are short and relatively transient the repetition and the time devoted to it may be considered an index of the severity of the traumatic experience he was attempting to master through his play.

The meaning of the play then becomes clear. Mickey first undid the birth of his brother by placing and replacing Humpty Dumpty in the refrigerator. The fruits of his efforts he enjoyed momentarily while he sang and danced. But reality intruded and insisted upon its due so he attempted to master the birth by repeatedly opening the door and extracting Humpty Dumpty.¹⁴ The vigorous determined jamming of Humpty Dumpty into the refrigerator the slamming of the door the casting of Humpty Dumpty to the floor after extracting him the song and the act of undoing the birth leave no doubt that the emotional tone was hostile.

Seven months later immediately following one of his grandparents' visits which always served to stimulate the rivalry between the children he took his father by the hand and in pensive mood led him out of the house saying Let's you and me go to the back yard. However when he reached the porch he asked to be put up on the eight inch wide brick railing that surrounded it. Once on it, he took his father's hand to insure his balance and walked back and forth singing these words:

Ding dong bell
Pussy in the well.
Who put her in?
Little Johnny Green.
Who pulled her out?
Little Tommy Stout.

¹⁴ By this act he also made a baby. And although this fact too contributes to the mastery he sought elaboration of it would necessitate a digression on Mickey's ideas of oral impregnation and would add little to the purpose of the paper.

After a few minutes his father interrupted to say Mickey hasn't been very happy lately? Mickey answered No I've been very sad When asked why he answered Because Johnnie has been taking all of my toys During this brief exchange he continued to walk back and forth and the moment it ended he resumed singing his nursery rhyme After approximately ten minutes of this play he released his father's hand and sat down on the railing This independence and daring were almost disastrous because in waving his arms and kicking his feet he almost fell over backward but just caught himself in time Whereupon he got up and, hanging onto his father's hand continued his play for a few more minutes

Because Mickey was the older boy quite independent not easily intimidated by authority and because he was likely to be quite aggressive toward his younger brother when the grandparents were around he did not occupy the same place in their esteem as did the younger more dependent affectionate and relatively nonaggressive but picked upon Johnnie As a result the grandparents were always a little critical and demanding where Mickey was concerned and indulgent and tolerant with Johnnie Both children became increasingly competitive and Mickey tended to be more aggressive and Johnnie more babyish when the grandparents visited

With this knowledge as background the play on the porch railing may be recognized as a variation of the Humpty Dumpty theme This time Mickey was Humpty Dumpty With the help of his father he had gained a lofty solitary position on the railing This position is comparable to Humpty Dumpty's on the wall and in terms of space to the position he had occupied in his grandparents' esteem prior to the intrusion of his brother Through walking back and forth upon the railing he mastered some of the acrobatics which was common to sensations of equilibrium and to the birth of his brother and thus gained confidence enough to release his father's hand and sit down by himself The mastery had an exhilarating effect and he became reckless in his singing kicking and throwing his arms about and almost fell from his perch This was as close to Humpty Dumpty's fate as it is possible to come and still avoid it If the word "love" is substituted for toys his answer to the father's question would be more exact and would be Because Johnnie is taking all of my love Actually his answer as he gave it needs little clarification Toys are among the most delightful of the tangible evidences of love at his age

The nursery rhyme he sang contained both his brother and father's first names and surely had reference to the mother's pregnancy and the brother's birth His aunt's cat was pregnant at the time his mother went to the hospital and much to his delight gave birth to the pussies about two weeks after his mother and the infant returned from the hospital From about this time on pussies were his favorite animals Thus Pussy in the well had the same significance as Johnnie in his mother's stomach (a word and part of anatomy he knew) He knew that his father had taken his mother to the hospital to have a baby and

that he had brought her home later. Thus the father and Tommy Stout not only shared first names but similar roles as far as Mickey was concerned.¹⁵

The adult material consists of a dream and associations

An analytic patient had the following dream after learning that he had successfully passed a Board of Review. Shortly after receipt of this news his parents dropped by to visit and to discuss his younger brother, who had impulsively brought himself into a precarious position and thus caused them concern and discomfort. Upon learning of the patient's success both parents were elated and unstinting in the expression of their admiration and satisfaction. Indeed so profuse was their appreciation that it approached adulation. In marked contrast was the equally unrestrained expression of disappointment, annoyance, and criticism of their second son, who incidentally was twenty-one months younger than the patient.

The dream consisted of two parts

Part I

In the company of his wife he has just succeeded in reaching the summit of a mountain in an automobile. The atmosphere is sunny, and the mood is gay and joyous.

Part II

He is standing with his feet spread widely apart to form a solid base on top of a parapet which runs around the edge of the mountain. His attitude is at once defiant and triumphant. From the top of the wall he throws with great force an egg-shaped ball through a mist at a round table in a university dining room far below. The ball hits or comes close to hitting someone at the table.

Attaining the summit immediately reminded him of his recent success and of the game 'King on the Mountain', which as a child he had played with delight on the terrace in front of his home. The parapet on the mountain suggested the fortifications around the top of an ancient castle as well as a wall to be referred to later. The egg-shaped softball was one his father had provided for play about the time the patient was ten or twelve and had been used so much that it became soft and assumed a lopsided egg shape every time it was struck with the bat. In catching this ball in its usual lopsided condition on one occasion he fractured or dislocated the distal phalanx of the middle finger on his left hand. Although he could think of the synonyms for the word 'dislocated' he was unable to think of the word itself and finally had to ask for the

¹⁵ Perhaps as significant as the part of the rhyme he sang was the portion he omitted although he knew it:

What a naughty boy was that,
To try to drown poor pussy cat,
Who never did any harm,
And killed the mice in his father's barn.

These lines hardly require a comment when the play with the Humpty Dumpty doll is recalled.

word he was seeking. A family expression recalled. It had been used with regularity to designate the sullen resentful pouting behavior of cousins at the time a new brother or sister was born. Familiar as it was, he was unable to recall ever having heard it in reference to himself. The egg shape reminded him of the nursery rhyme "Humpty Dumpty sat on a wall," which had recurred to him periodically for as long as he could remember without any apparent cause. This led to the visual recall of a picture from a childhood book (Lewis Carroll's *Through the Looking Glass*) of Humpty Dumpty sitting on a wall. The university dining room was one in which he had eaten frequently and one in which he had often met his wife when they were both students. The round table and the previous remarks about the ancient castle reminded him of King Arthur and the Knights of the Round Table and of his favorite knight Sir Lancelot and of Queen Guinevere whom he erroneously associated with the Lady of the Lake. Throwing the ball from the top of the mountain reminded him of the games of catch he had played with his brother in which they alternately filled the role of pitcher and catcher. The former role was most frequently his. He also recalled a professional baseball player who had caught a ball thrown from the top of the Washington Monument. Hitting or coming close to hitting someone at the table reminded him of childhood fights in which he occasionally was overcome by a sensation of weakness in his right arm as he was about to strike his opponent.

The dream is further clarified by the fact that prior to it he had repeatedly dreamed of a picture of the Holy Family in which he was symbolized as the Infant Jesus occupying the center of the picture on the Madonna's lap while St. Joseph is standing at the side and behind her. This state of threeness referred to a time prior to the birth of his brother.

Although both oedipal and preoedipal wishes find fulfillment in this dream, it is pertinent here to observe that through a combination of his own success and the parents' reaction to the brother's behavior he had recaptured the lofty atmosphere of infantile narcissism from which he had fallen with the birth of his brother. This is represented by his position on the parapet atop the mountain by the sunny atmosphere and gay and joyous mood of the first part of the dream as well as by the triumphant defiant attitude of the second part of the dream. The precariousness of this position is denied by the wide firm stance. The nature of the disaster repudiated by the adulation of his parents is indicated in the dream by the throwing of the ball from his cherished lofty position (as he perceived as a child he was thrown by the birth of his brother) and in the associations by the injury to the middle finger by the repression of the word "dislocated" by the family expression "his nose is out of joint," and by Humpty Dumpty and his famous fall. In other words the birth of his brother and the consequent narcissistic hurt to himself were perceived as a disturbance of the equilibrium, a displacement by his brother and a disastrous fall to himself. The force with which he throws the ball and the fact that it hits or comes close to hitting someone in the dream, and the hysterical symptom of weakness of the right arm and the repression of the parental expression in relation to himself in the associations indicated the intensity with which he reacted to his fall from

favor and must be proportionate to the injury experienced. The meaning of the wall from which Humpty Dumpty falls in the nursery rhyme and from which the ball was thrown in the dream is suggested by the mountain, the parapet (breastworks), the presence of the dreamer's wife, the dining room, and the table in the dream; and in his associations by Queen Guinevere, the Lady of the Lake, the castle, the home in front of which he had played "King on the Mountain," and by his favorite knight, Sir Lancelot.¹⁶ Mother, or mother love, is the common denominator in all these symbols and associations. Thus it may not be too presumptuous to consider the wall a symbolic representation of parental love and esteem. The identity of the egg shaped ball is clarified by the association of the nursery rhyme "Humpty Dumpty," by the picture of that personage sitting on a wall, by the picture of Jesus sitting on the Madonna's lap, and by the games of catch the patient had played with his brother in which they had alternately filled the roles of pitcher and catcher. Humpty Dumpty therefore refers to the occupant of the wall and is both the dreamer and the younger sibling who usurped the cherished position by his birth. Throwing, being thrown, or falling from the wall then must represent: (1) the birth of the brother, (2) the dreamer's fall from parental favor, and (3) the dreamer's hostile wish that the same destiny should befall the sibling.

Thus these three clinical examples suggest a resolution to the enigma of the Humpty Dumpty rhyme and a solution to the mystery of Humpty Dumpty's popularity. The rhyme itself is a simple dramatization of the second catastrophic trauma a child experiences (if birth is the first); viz., the arrival of a sibling. Humpty Dumpty then symbolizes both the first and second born; and the fall, the sibling's birth, the first born's fall from parental favor, and the first born's hostile wish that the same disaster befall the sibling. The birth cannot be undone (the infant cannot be returned from whence it came), the lost position in parental esteem cannot be regained, and the narcissistic damage cannot be repaired any more than can an egg once it has fallen. The inability of wrights and doctors and the omnipotence of the king to prevail against the damage indicates just how hopeless and disastrous the effect of a sibling's birth is. The wall represents the mother, mother love, parental esteem, and the narcissistic omnipotence of the first born. Humpty Dumpty, then it may be suggested, owes his popularity to the ease with which he lends himself to the attenuated repetition of one of the severest of psychic traumas and consequently to the mastery man is obliged to seek over it.

¹⁶ Sir Lancelot was not among the chosen few to see the Holy Grail, which was a privilege reserved for only the purest of knights. And it was his love of King Arthur's Queen, Guinevere, that deprived him of this purity.

Another fact worthy of note is that although Lancelot was the strongest and most accomplished of knights and had proven his right to this reputation by conquering the bravest and strongest of his contemporaries, it remained for his younger brother, Sir Hector, to inflict a dangerous wound upon his head.

CONTENTS OF PREVIOUS VOLUMES

VOLUME I

- HEINZ HARTMANN AND ERNST KRIS—The Genetic Approach in Psychoanalysis
PHYLLIS GREENACRE—The Biologic Economy of Birth
RENE A. SPITZ—Hospitalism. An Inquiry into the Genesis of Psychiatric Conditions in Early Childhood
EDWARD GLOVER—Examination of the Klein System of Child Psychology
MARIE BONAPARTE—Notes on the Analytical Discovery of a Primal Scene
ANNA FREUD—Indications for Child Analysis
BERTA BORNSTEIN—Clinical Notes on Child Analysis
EMMY SYLVESTER—Analysis of Psychogenic Anorexia in a Four Year Old
KATE FRIEDLANDER—Formation of the Antisocial Character
DOROTHY T. BURLINGHAM—The Fantasy of Having a Twin
ELEANOR PAVENSTEDT AND IRENE ANDERSEN—The Uncompromising Demand of a Three Year Old for a Real Mother
HYMAN S. LIPPMAN—The Use of Dreams in Psychiatric Work with Children
MARGARETE RUBEN—A Contribution to the Education of a Parent
EMANUEL KLEIN—The Reluctance to Go to School
OTTO FENICHEL—The Means of Education
WILLIE HOFFER—Psychoanalytic Education
EDITHA STERBA—Interpretation and Education
ENK HOMBURGER ERIKSON—Childhood and Tradition in Two American Indian Tribes
EDITH BUXBAUM—Transference and Group Formation in Children and Adolescents
FRITZ REDL—The Psychology of Gang Formation and the Treatment of Juvenile Delinquents
BERTRAM D. LEWIN—Gregory Bateson and Margaret Mead. Balinese Character a Photographic Analysis
KATHERINE M. WOLF—Evacuation of Children in Wartime. A Survey of the Literature with Bibliography
LILLIAN MALCOVE—Margaret E. Fries' Research in Problems of Infancy and Childhood. A Survey
LAWRENCE S. KUBIE—Margaret A. Ribble. The Rights of Infants
KATHERINE M. WOLF—Edouard Pichon. Le Developpement de l'Enfant et de l'Adolescent

VOLUME II

- HEINZ HARTMANN, ERNST KRIS AND RUDOLPH M. LOEWENSTEIN—Comments on the Formation of Psychic Structure
EDITH JACOBSON—The Child's Laughter
DOROTHY T. BURLINGHAM—Twins
JEANNE LAMPL DE GROOT—The Pre Oedipal Phase in the Development of the Male Child
RENE A. SPITZ—Hospitalism. A Follow Up Report
MARGARET E. FRIES—The Child's Ego Development and the Training of Adults in His Environment
ANNA FREUD—The Psychoanalytic Study of Infantile Feeding Disturbances
MARGARET W. GERARD—The Psychogenic Tie in Ego Development

- PHYLLIS BLANCHARD—Psychoanalytic Contributions to the Problem of Reading Disabilities
- JENNY WAELDER HALL—The Analysis of a Case of Night Terror
- BERTA BORNSTEIN—Hysterical Twilight States in an Eight-Year-Old Child
- ANNY KATAN—Experience with Enuretics
- ANNA MAENCHEN—A Case of Superego Disintegration
- CHRISTINE OLDEN—Headline Intelligence
- ELIZABETH R. GELFERD—A Contribution to the Problem of Psychoses in Childhood
- WILLIE HOFFER—Diaries of Adolescent Schizophrenics (Hebephrenics)
- RENE A. SPITZ—Anaclitic Depression
- KATE FRIEDLANDER—Psychoanalytic Orientation in Child Guidance Work in Great Britain
- ERIK HOMBURGER ERIKSON—Ego Development and Historical Change
- LILI E. PELLER—Incentives to Development and Means of Early Education
- RAYMOND DE SAUSSURE—J. B. Felix Descuret

VOLUME III/IV

- HEINZ HARTMANN, ERNST KRIS, AND RUDOLPH M. LOEWENSTEIN—Notes on the Theory of Aggression
- ANNA FREUD—Aggression in Relation to Emotional Development: Normal and Pathological
- BEATA RANK—Aggression
- WILLIE HOFFER—Mouth, Hand, and Ego Integration
- DOROTHY T. BURLINGHAM—The Relation of Twins to Each Other
- PHYLLIS GREENACRE—A Contribution to the Study of Screen Memories
- RENE A. SPITZ with the collaboration of KATHERINE M. WOLF—Autoerotism. Some Empirical Findings and Hypotheses on Three of Its Manifestations in the First Year of Life
- MARY LEITCH AND SYBILLE K. ESCALONA—The Reaction of Infants to Stress. A Report on Clinical Findings
- J. LOUISE DESPERT—Dreams in Children of Preschool Age
- BERTA BORNSTEIN—The Analysis of a Phobic Child. Some Problems of Theory and Technique in Child Analysis
- ELITHA STERN—Analysis of Psychogenic Constipation in a Two-Year-Old
- ANNELISE SCHNEIDERMAN—Observation of a Phobia
- AUGUSTA ALPERT—Sublimation and Sexualization. A Case Report
- MARGARET SCHÖNEBERGER MAHLER—Psychoanalytic Evaluation of Tics: A Sign and Symptom in Psychopathology
- ELIZABETH R. GELFERD—The Psychoanalysis of a Psychotic Child
- PAUL BIRGHAN AND SYBILLE K. ESCALONA—Unusual Sensitivities in Very Young Children
- FRITZ RITTERHEIM AND EMMY SYLVESTER—Physical Symptoms in Emotionally Disturbed Children
- EMANUEL KLIN—Psychoanalytic Aspects of School Problems
- MILITTA STERLING—Analysis of a Case of Recurrent Ulcer of the Leg
- LYNN JAMES—Methods Used in the Education of Mothers. A Contribution to the Handling and Treatment of Developmental Difficulties in Children Under Five Years of Age
- KATE FRIEDLANDER—

- ALBERT AICHHORN—Some Remarks on the Psychic Structure and Social Care of a Certain Type of Female Juvenile Delinquents
 RUTH S. EISSLER—Observations in a Home for Delinquent Girls
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VOLUME V

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VOLUME VI

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VOLUME VII

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